

Research Report



THE OVER 65 POPULATION
IN NORTHERN ALBERTA

PREPARED BY:
NORTHERN DEVELOPMENT BRANCH
FEBRUARY, 1983

TABLE OF CONTENTS

	<u>Page</u>
1.0 INTRODUCTION	1
2.0 AGING - Theoretical Perspectives on Aging	2
2.1 Developmental Perspectives	2
2 The Social Theories of Aging	5
3 Conclusions	7
3.0 THE DEMOGRAPHICS OF AN AGING NORTHERN ALBERTA POPULATION	9
3.1 Alberta in General	9
3.1.1 Summary for Alberta	11
2 Demographics of Northern Alberta's Older Population	12
4.0 NURSING HOMES	19
4.1 Location and Bed Ratios	20
2 Financial Operation of Facilities	29
3 Report and Recommendations of the Alberta Nursing Home Review Panel (March 1982) and Its Implications for Northern Alberta	32
5.0 PAST RECOMMENDATIONS OF THE NORTHERN ALBERTA DEVELOPMENT COUNCIL	52
6.0 CONCLUSIONS	55
APPENDICES	
Appendix A - History of NADC Briefs Regarding Senior Citizen Care	
Appendix B - Programs	
Appendix C - Population Figures by Census Tract	

LIST OF TABLES, MAPS AND FIGURES

Page

TABLES

Table 1:	The Age-Loss Continuum	6
Table 2:	Nursing Homes by Location, Ownership and Approved Bed Complement at March 31, 1980	20
Table 3:	Number of Nursing Home Beds Per 1000 Senior Population	22
Table 4:	Percentage of Populations Which are in Senior Cohorts by Census Tract	24
Table 5:	Nursing Home Waiting List Survey	28
Table 6:	Distribution of Total Expenditure by Nursing Home for the Year Ended March 31, 1980	30
Table 6A:	Distribution of Total Expenditure and Per Capita Expenditure for the Year Ended March 31, 1980	31

MAPS

Map 1:	Census Divisions in the NADC Area	13
Map 2:	Population Pyramid 1981 for Entire NADC Area	14
Map 3:	Population Pyramids 1981 for NADC Area	15
Map 4:	Percentage of Total Population Age 55-64 Years ..	16
Map 5:	Percentage of Total Population Age 65+ Years	17
Map 6:	Location of Nursing Homes	21

FIGURES

Figure 1:	Selected Dimensions of Life Cycle	3
Figure 2:	Selected Dimensions of Life Cycle	4

THE OVER 65 POPULATION
IN NORTHERN ALBERTA

1.0 INTRODUCTION

A growing concern has developed for the elderly segment of society. To a large extent this concern is a result of the more recent recognition of the many problems confronting our older citizens and the realization that Canadian society, like other modern societies, is an aging one. Each year the elderly population increases relative to other age groups.

This report reviews the state-of-the art on aging, examines the demographic characteristics of the Albertan society and reviews present service delivery to seniors with an emphasis on nursing homes. The Northern Alberta Development Council has over the past several years received numerous briefs regarding seniors and the programs available to them (see Appendix A). The following attempts to establish a frame work from a theoretical and demographic perspective on the aging processes and the implications for northern Alberta.

2.0 AGING - Theoretical Perspectives on Aging

The field of social gerontology has developed several widely accepted theories on aging. It is important that one understands these theories since the theoretical perspective embraced may strongly influence the interpretation of factual information about older people, their life experiences and needs.

2.1 Developmental Perspectives

The developmental perspective acknowledges that aging is a set of multi-dimensional processes experienced continuously throughout life. Some of the major dimensions are physiological, sociological, and psychological.

For example Figure 1 describes the sociological dimension of aging through the life cycle and the movement from one stage to another over the life span. Here, the typical individual proceeds from the childhood and adolescent stages of the life cycle to a stage of independent living and household formation, family formation, child rearing, empty nest and retirement.

A good example of the developmental perspective and one which is particularly relevant to gerontological study is the dimension of physiological functioning. Medical and biological evidence demonstrate that physiological functioning declines gradually over most of the adult life span often beginning as early as age thirty. For most people, then the basic behaviour patterns and ways of life are not dramatically disrupted until the very latest years of life or when one experiences a severe health problem (See Figure 2).

Health problems can be defined as either chronic (lasting a long time, such as arthritis) or acute (a short-termed problem). Most

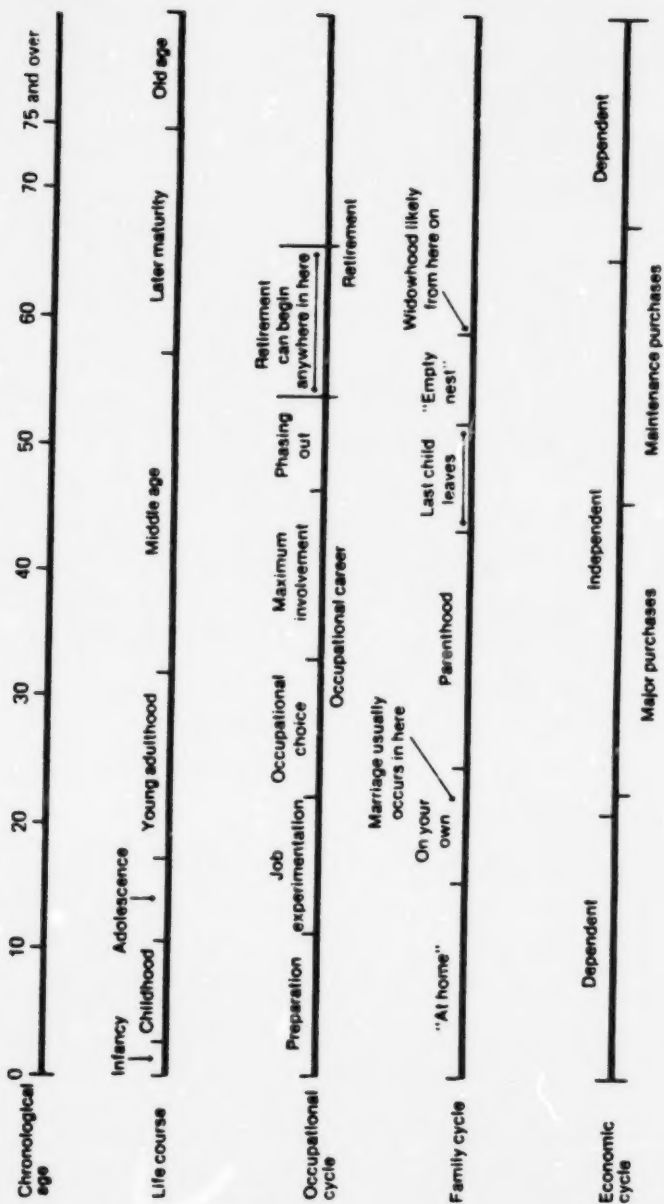


Figure 1: Selected dimensions of life cycle. From Robert C.1 Atchley, 1975, "The Life Course, Age Grading, and Age-Linked Demands for Decision Making", in Nancy Datan and Leon H. Ginsberg (eds.), *Life-Span Developmental Psychology: Normative Life Crises*. New York: Academic Press, p.264.

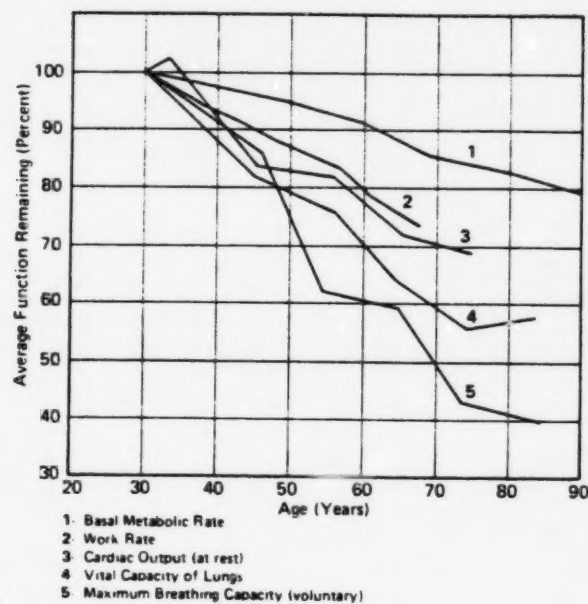


Figure 2: Selected dimensions of life cycle
 From Robert C. Atchley, 1975, "The
 Life Course, Age Grading, and Age-
 Linked Demands for Decision Making,"
 in Nancy Datan and Leon H. Ginsberg
 (eds), *Life-Span Developmental
 Psychology: Normative Life Crises*.
 New York: Academic Press, p. 264.

elderly people are coping with some form of chronic illness; approximately 85% of the older population in the United States report at least one chronic condition. However, only 15% find themselves seriously debilitated because of chronic health problems. Acute health problems are more serious for older people because of the cumulative impact of their many gradual physiological declines.

The physiological view of aging highlights the problem of defining clearly the stage of old age and characterizing it precisely. It is no longer viewed as a period of senility but rather a period of changing physical ability with several stages within the period. Within this period the elderly require specific needs varying with their stage of biological aging or senescence.

In the later phases of senescence three significant changes can be observed. First there is a deterioration of critical organs and systems of the body and thus a heightened vulnerability to disease. A second major change is the loss of muscular strength and associated changes in the nervous system that may result in circulatory problems within the brain. The third change and, perhaps most relevant is the loss of sensory acuity such as sight and hearing. These changes can have important implications for health care delivery programs as to the type, variety, frequency etc.

2.2 The Social Theories of Aging

Old age is also a period of drastic social adjustments such as the loss of a spouse, friends, income and social roles as well as a decline in health. The latest stage of life for most old people is characterized by a period of cumulative loss and considerable deprivation calling for major personal adjustments. (Table 1 indicates the age loss continuum.)

(1) Wiseman, Robert, Spatial Aspects of Aging, Resource Papers for College Geography No. 78.4

TABLE 1
THE AGE-LOSS CONTINUUM

Losses	Age: 30	40	50	60	70	80	90
Desertion of Children				X			
Loss of Peers					X		
Loss of Spouse					X		
Sensory Output Deterioration						X	
Sensory Acuity Losses					X		
Other Health Problems							X
Reduced Physical Mobility							X
Loss of Income					X		
Loss of Roles					X		

Source: Wiseman, Robert, Spatial Aspects of Aging, Resource Papers for College Geography No. 78-4.

One of the earliest social views of aging to develop was the disengagement theory. Essentially, it is a process whereby society and the aged individual, in preparation for the individual's impending death and in response to losses in old age, mutually withdraw from each other. The theory is manifest in a declining number of social transactions with advancing age and the permanent loss of many social roles. This theory, although widely accepted in the 50's and 60's, has since been refuted by many since it encourages withdrawal from society and the community.

Activity theory offers a competitive perspective to disengagement theory. It states that people will try to continue living according to the patterns of their middle years as long as possible, despite the effects of the aging process. Activity theory is a common guide to action programs for the elderly. Research suggests activity

theory applies well to those people who are physically healthy and vigorous, but applies less well to those people in the latest stage of life to whom aging has brought significant physical decline.

A third major social gerontological school of thought on aging, which is just beginning to be examined, is the continuity theory. The principle assumption is that a person attempts to maintain throughout life familiar and habitual patterns of living; however a person can be flexible in modifying these patterns to respond to psychological, biological and social changes that occur in later life.

The distinguishing assumption in continuity theory is that a person may adapt in any direction, where as both activity and disengagement theories propose a unidirectional, normative development in later life.

2.3 Conclusions

In summary no one theory can completely explain aging in modern society but an awareness of the theories behind program development may assist in the evaluation of existing and/or future programs. One must ask whether programs are structured so as to encourage disengagement, activity or continuity.

In lieu of a simple widely accepted theory of aging, the multi-dimensional development perspective can be employed to explain much of what is known about old age. For example many of the obvious conflicts between disengagement and activity theories can be resolved by placing them in a multi-dimensional development context where they might be viewed as coping strategies. Older people with very severe problems, perhaps those having suffered significant health declines or other losses, might employ a disengagement strategy in coping with life. Others, whose problems are less severe and who

have greater personal and other resources, can exercise more individual initiative and employ an activity strategy well into the later years of life. Between these extremes continuity theory predicts modification of earlier activity patterns and suggests that many strategies can be employed in the transition from a very active older life to one of considerable disengagement.

The development view of the aging process raises the question of the relevance of the variable "age". That is, individuals who are 85 might be much "younger" in terms of their positions on any one or all life dimensions.

Awareness of the declines and losses that attend old age for many people helps one understand the problems older people share. Such an awareness can also help in the development of special programs to improve their quality of life, since it also explains why older persons are more sensitive to environmental influences and how environments can enhance or erode life experiences.

Finally this perspective calls attention to the wide range of diversity among older people. Although age is the criterion variable that distinguishes this group from the remainder of society, it is clear that all older people do not share the same set of old age experiences, declines, and losses.

3.0 THE DEMOGRAPHICS OF AN AGING NORTHERN ALBERTA POPULATION

3.1 Alberta in General

In Alberta in 1976 there were 137,895 persons age 65 years and over. By 1981 there were 163,385 persons in this age group, an increase of 16% in the 65 plus age group². It is estimated that by the year 2001 the number will double. In-migration of younger persons has influenced the proportion of elderly compared to the total population but the absolute numbers have increased. Between 1901 and 1956, the proportion of elderly increased substantially from 1.94 per cent to 7.25 per cent of the total population. After a slight decline from 1956 to 1961, the proportion increased to 7.5 per cent in 1976 and the projections show little change to 2006.³

The age structure varies spatially within Alberta. The highest concentration of older persons is found in the southern and east central areas of the province (e.g. Lethbridge and Vegreville) and the lowest concentration is found in the resource base communities of the northern areas (e.g. High Level and Fort McMurray). (Section 3.2 of the demographic review will specifically deal with the population distributions within the Northern Development area).

The rural/urban distribution for the province shows a shift for the elderly away from farms to urban centres, particularly small urban centres.

In Alberta the ratio of men to women has decreased in all age groups but the greatest change has occurred in the over 65 cohort. There are now more women than men in this group. The life expectancy of females has been increasing more rapidly than it has for men, and projections⁴ indicate that this trend will continue.

(2) 1981 Census of Canada, General Population Housing, Household and Family Data, Alberta, July 1982.

(3) Staff Working Paper #1, Profile of Older Persons in Alberta. Alberta Social Services and Community Health, February 1980, p.2.

(4) Ibid, p.2.

Average life expectancies for Albertans are slightly above the Canadian average. At birth, in Alberta, the average life expectancy for males is 71.3 and for females is 78.4 compared to 69.7 for males and 77.0 for females in Canada. Once a person reaches age 60, life expectancy is an additional 22 years for females and 18 for males⁵. When reviewing the demographic characteristics of an aging society marital status as an indicator of social support becomes important. For example, suitable support programs become particularly important for single, widowed or divorced individuals who have to cope with aging alone.

The 1981 Census figures for marital status by specific age group were not available at the time of compilation of this report but the following from 1976 were available: 56.6% of older persons were married, 34% were widowed, 1.7% were divorced, and 7.7% had never married. There is a marked difference in the marital status of men and women. In 1976, nearly three-quarters of the men aged 65+ were married (73.1%), compared to only 41.6% of the women. The majority of elderly women (52.1%) were widowed. This proportion increased greatly with age, as 71.5% of the women aged 75 and over were widowed. More men than women were single, divorced or separated in both 1971 and 1976. More elderly men (10.9%) than women (4.9%) have never been married.

Related to the marital status of the elderly is the type of living arrangements. Once again 1981 statistics are not available but 1976 statistics published by Social Services provide an adequate overview of the situation.

"Close to half the older persons (46.9%) were living with a spouse and an unmarried child in 1976. The vast majority of older persons who were living in nucleus family situations were under 75 years of age, and over half of them were men." ⁶

(5) Ibid, p.3.

(6) Ibid, p.4

Many older persons shared housing with children, other relatives or unrelated families. Women were more likely than men to be living in an extended family situation. 1976 figures show a decrease from 1971 figures thus indicating a greater trend to living outside the extended family situation.

A number of older persons were living with groups of one or more unrelated persons - a category covering those living in such institutions such as lodges, nursing homes, auxiliary hospitals, boarding homes, etc. In 1976, 13.4% of the total elderly population (24.4% of those 75 and over) were in this category. There was a definite increase between 1971 and 1976 in the percentage of persons 75 and over in non-family situations and an increasing in the percentage living alone⁷.

Thus, this trend of the independent senior is expected to continue and increase well into the future.

3.1.1 Summary for Alberta

Generally, the Alberta population is an aging population. The numbers of older persons 65 and over will increase dramatically in the next 10 - 20 years. Women will be more dominant in numbers in the aging population. With age the marital status often changes and more older persons may require social support programs due to live-alone situations. The trends seem to indicate a shift to small urban centers from rural areas plus a greater proportion of older persons living in non-family situations.

All the above factors indicate greater reliance on institutions and the necessity for support programs in non-institutional settings (e.g., home care).

(7) Ibid, p.5.

3.2 Demographics of Northern Alberta's Older Population

As previously stated the age structure of the Alberta population varies spatially. The following sector will discuss the demographics of the population found within the NADC boundaries (defined as C.D. 12, parts of 13 and 15; See map 1).

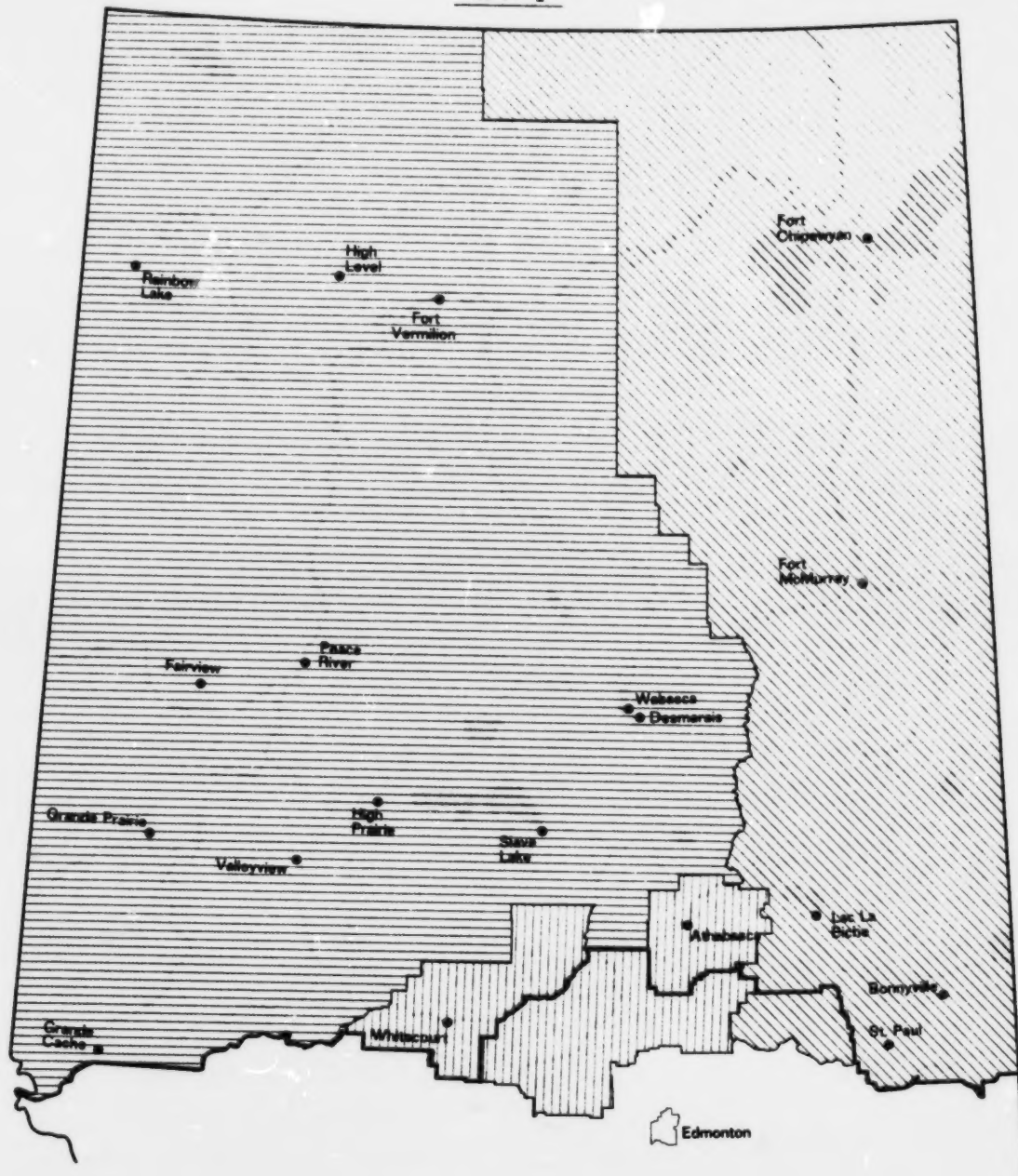
The NADC area has a population of approximately 229,700 of which 45,500 or 11% are in the 55 and above age group, 7% are in the 65 and over age cohort which is slightly below the provincial 7.3%. Map 2 represents the 1981 age pyramid for the entire NADC area while Map 3 shows the age pyramids by C.D. area.

Generally the pyramids indicate future increases in the senior population. Present cohorts of 65+ are comparable to the Alberta average but future projections from the 1981 data base would indicate the possibility of sharp increases within the next 10 years, given the continuation of the status quo.

When examined by census tracts a very different spatial pattern emerges. Maps 4 and 5 indicate the spatial distribution of seniors by the percentage of the population of the census tract (absolute figures are available in the appendix).

Many of the small urban centers seem to have excessive older populations, for example; Elk Point (22.9%), Glendon (23%), St. Paul (14%), Athabasca (19%), Boyle (27.3%), Manning (15.4%), McLennan (15.19%), Hythe (22%), Wanham (13%) etc. This may indicate a shift from the rural areas to the small urban centres for retirement plus, in some cases, the location of lodges or nursing homes in the small centres.

When an average is taken of the population percentage of the 65+ in the cohorts of the C.D. populations, C.D. 13 has the largest percentage average of 14% followed by C.D.12 with 9.4% and C.D.15 with 8%. When one looks at the 55 - 64 cohort which will form the senior



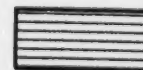
NORTHERN ALBERTA DEVELOPMENT COUNCIL AREA



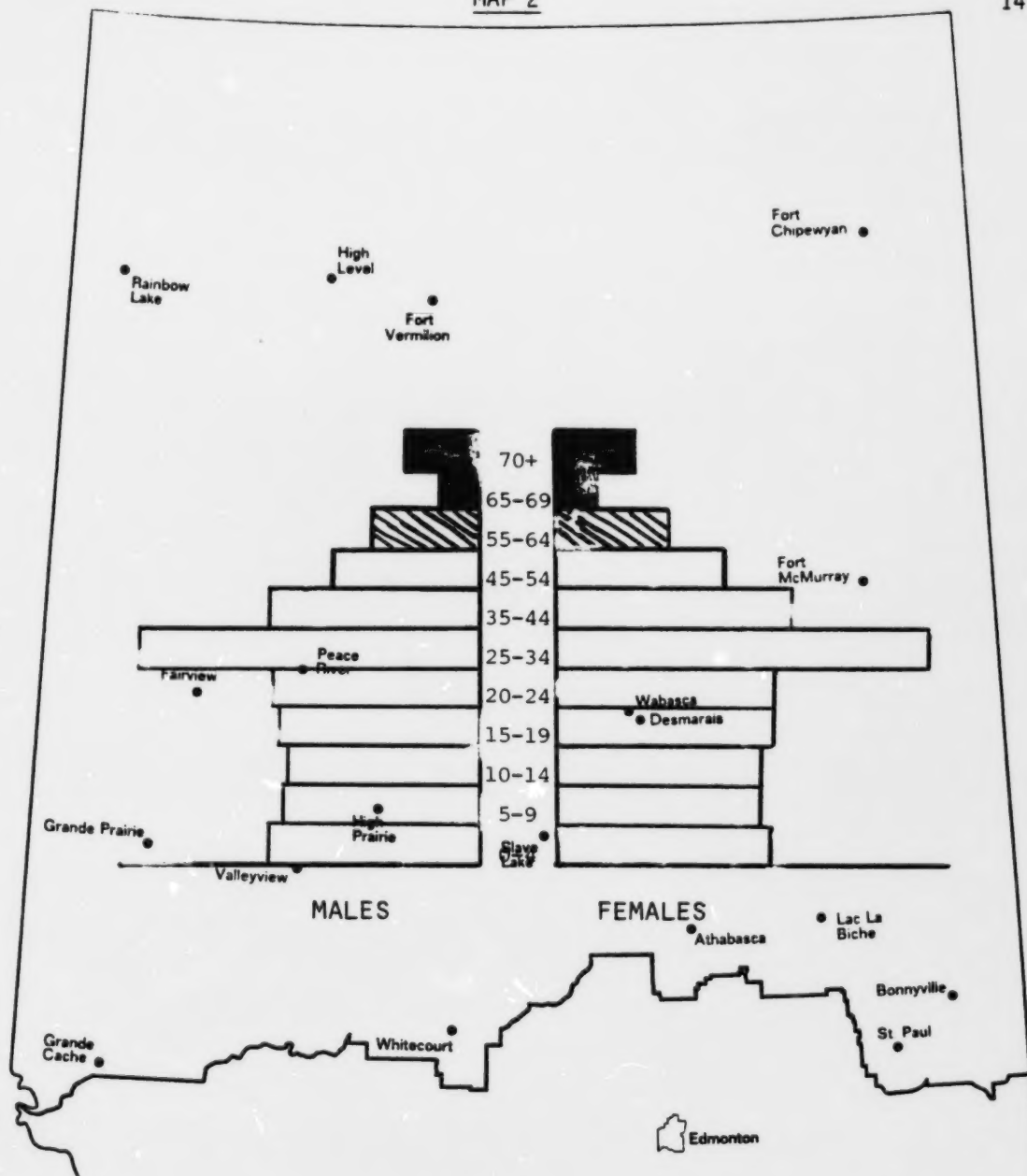
Census Division 12



Census Division 13



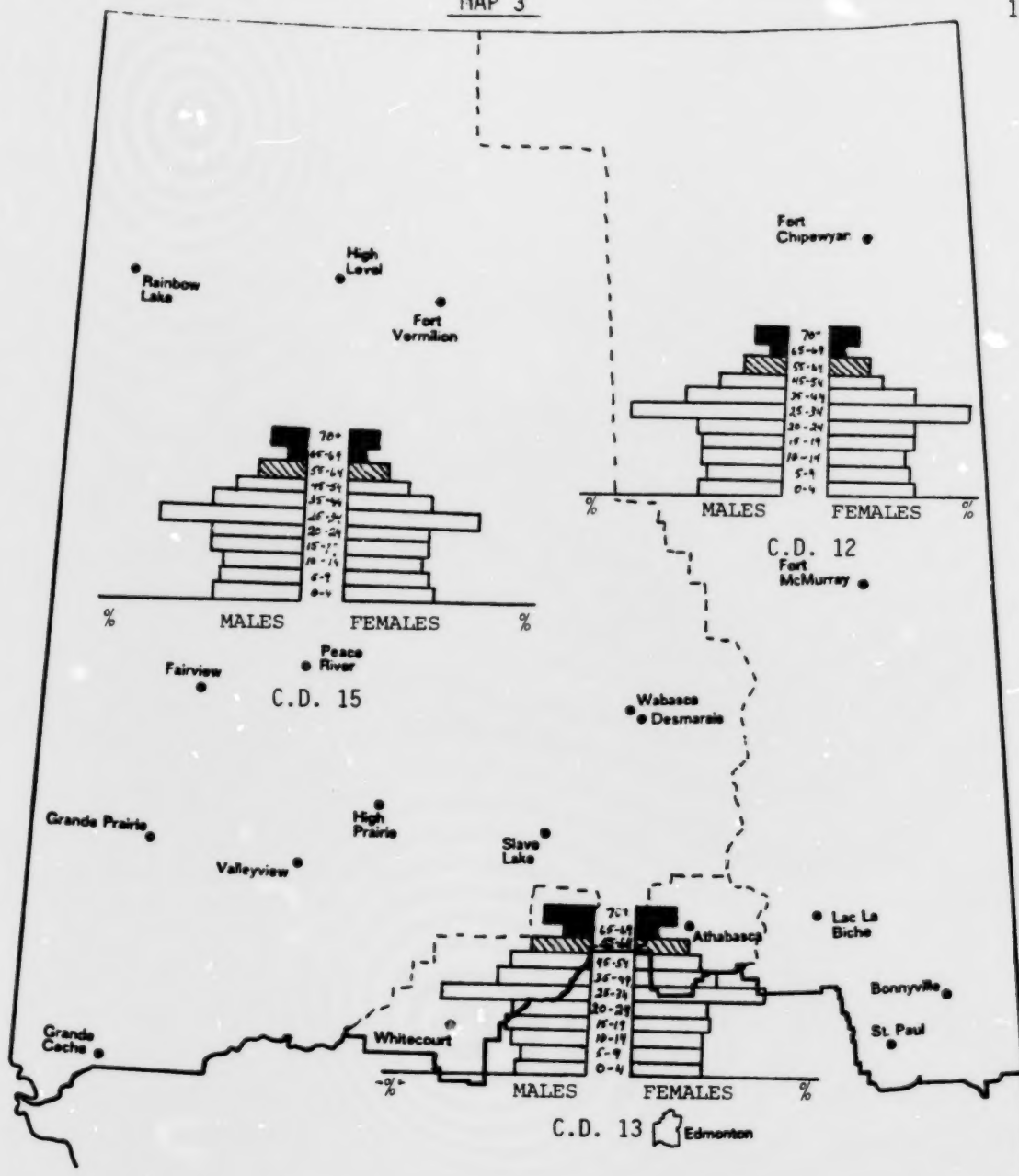
Census Division 15



NORTHERN ALBERTA DEVELOPMENT COUNCIL AREA

POPULATION PYRAMID 1981 FOR ENTIRE N.A.D.C. AREA

Source: Statistics Canada 1981 Census of Canada

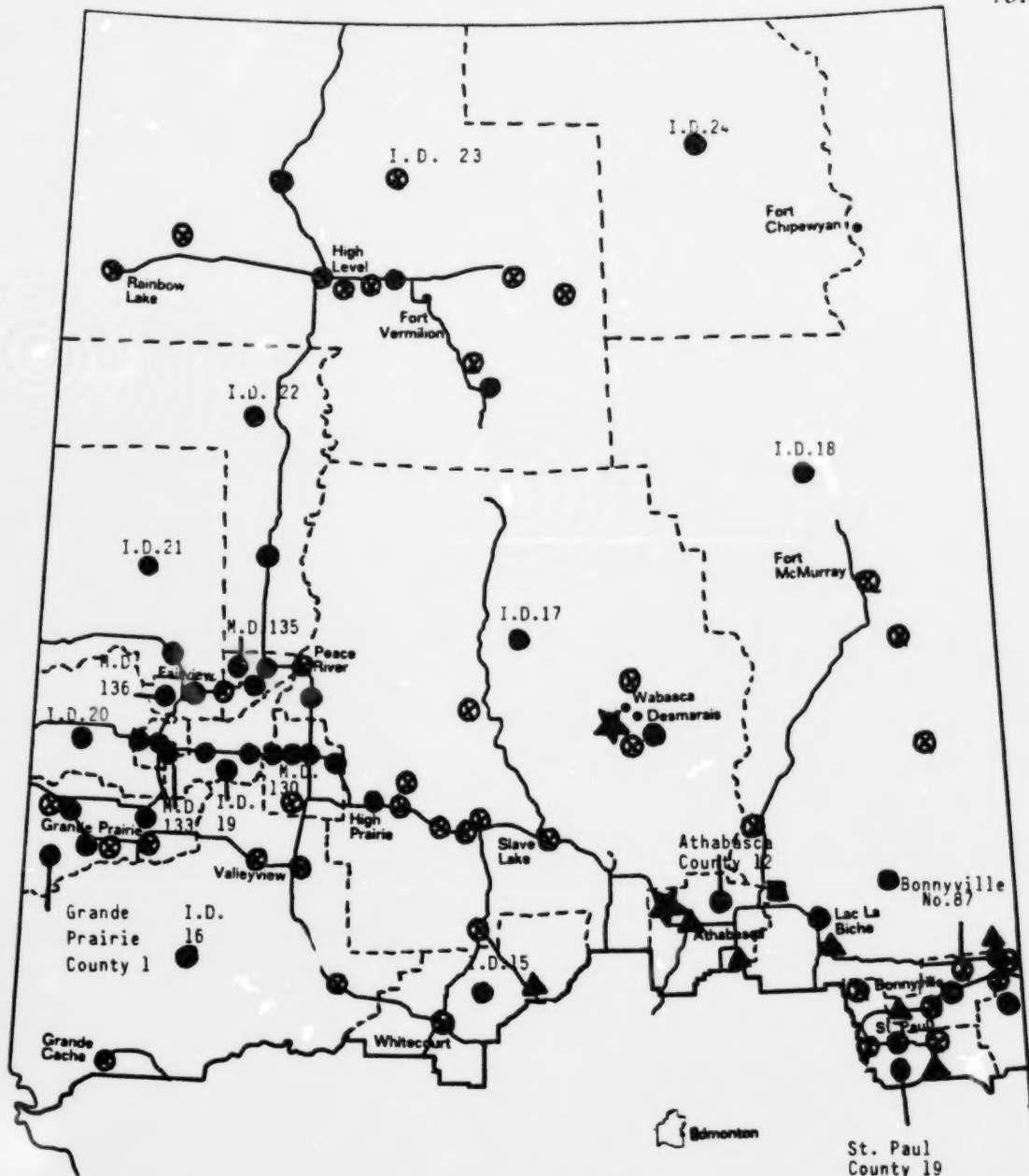


NORTHERN ALBERTA DEVELOPMENT COUNCIL AREA

POPULATION PYRAMIDS 1981 FOR N.A.D.C. AREA

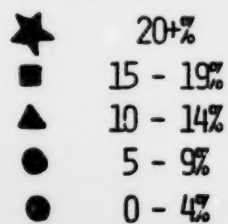
Source: Statistics Canada 1981 Census of Canada

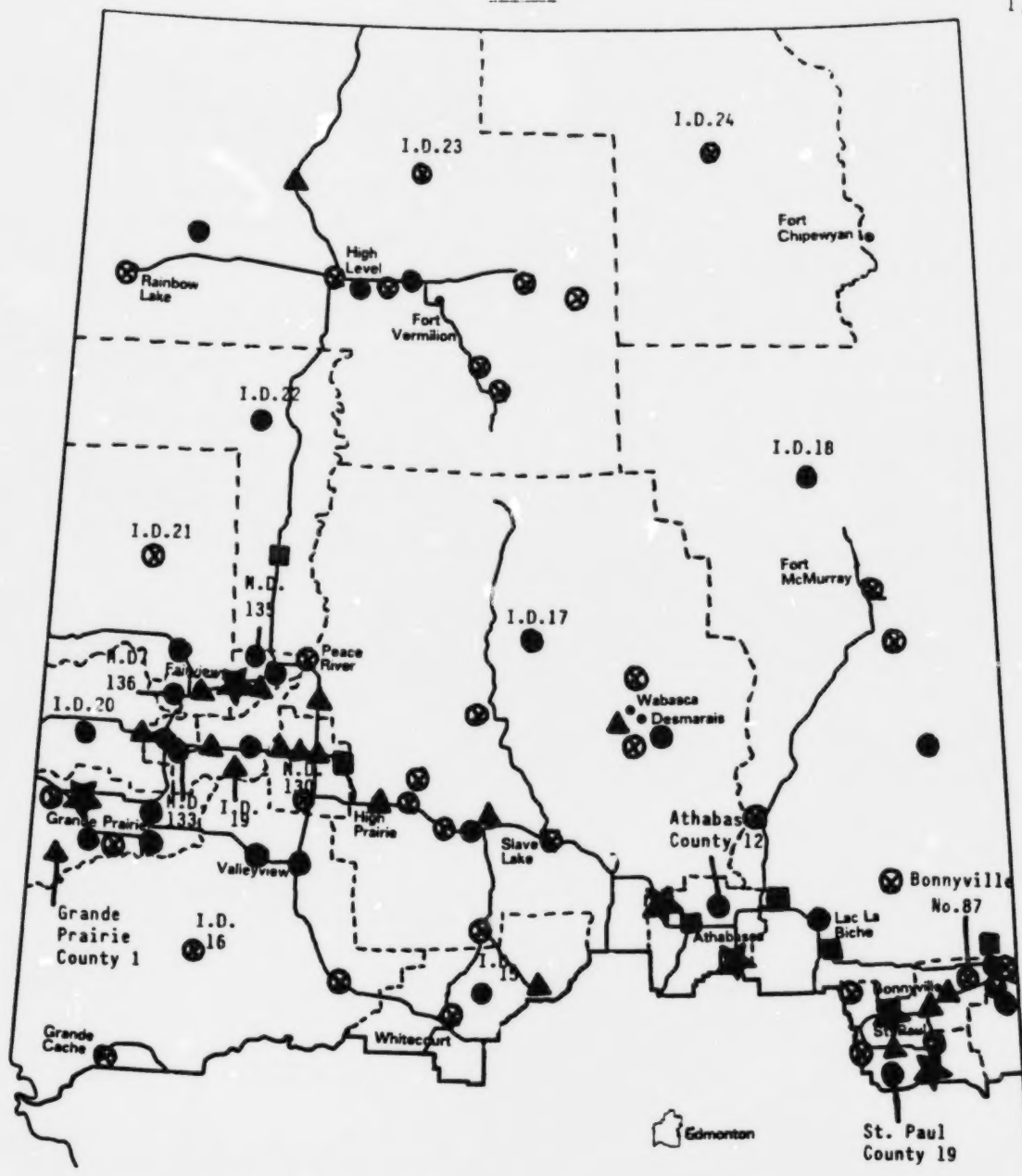
- N.A.D.C. Boundary
- - - C.D. Boundaries



NORTHERN ALBERTA DEVELOPMENT COUNCIL AREA

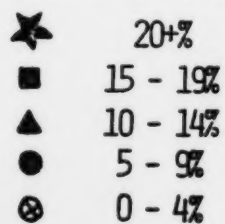
PERCENTAGE OF TOTAL POPULATION AGE 55-64 YEARS





NORTHERN ALBERTA DEVELOPMENT COUNCIL AREA

PERCENTAGE OF TOTAL POPULATION AGE 65+ YEARS



cohort within 5 - 10 years, C.D.15 presently shows an average of 10% while C.D.13 shows 11.2% and C.D.12 shows 6.7%. One can only conclude that although there will be a death factor, a migration factor and shifts within the cohort one can expect as the lowest scenario continuance of the present situation. Alternately, the highest scenario, one in which migration and deaths are minimal would imply a sharp increase in the senior population. Pressures will be felt especially in the small urban centers; many communities such as Hythe, Boyle, Elk Point, and Glendon will have populations which are predominantly aged (up to 25% seniors).

These areas will require special social and health services designed for an aged population.

The male/female ratios in the 65+ cohort are almost equivalent (unlike the provincial average) but in the 55 - 64 cohort females are slightly dominant indicating a future trend towards a greater number of female seniors in the future. This will coincide with the provincial forecasts.

Distribution by residence and marital status are unavailable at this point for C.D. 12, 13 & 15.

Maps 3, 4 and 5 should be examined carefully in order to note the concentrates of seniors.

4.0 NURSING HOMES

The following chapter will specifically focus on Nursing Homes in northern Alberta. Over the past two years the NADC has received an increasing number of briefs dealing with nursing homes, their operation, and the increasing need for some facilities.

The ensuing material does not deal with the quality of care in nursing homes, but rather the location and bed numbers in the North.

The Alberta Nursing Home Review Panel in its March 1982 Report, adequately covers the question of quality of care stating that it varies from home to home, and ranges from poor to excellent. The Panel visited all nursing homes in Alberta. From their visits, public hearings and discussions with staff, residents, family members, and organizations, the Panel identified the following problems related to quality of care:

- (1) improper assessment and placement of individuals;
- (2) placement and care of residents suffering from mental deterioration or from aggressive psychogeriatric problems;
- (3) care given by physicians;
- (4) medication;
- (5) inadequate staffing levels;
- (6) loss of dignity and privacy in the resident's life;
- (7) nursing home schedules and physical setting based on the convenience of staff rather than on resident's preferences; and
- (8) food and food service. (8)

The above eight points are thoroughly reviewed in the Panel's recommendations and the reader is requested to consult the "Recommendations", pages 34-37 for extensive explanations.

(8) Report and Recommendations, Alberta Nursing Home Review Panel, March 1982. Alberta Hospitals & Medical Care.

Thus, the question of "quality" of care will not be reviewed in the following pages. Rather, the availability of care to northerners will be the focal point of this section.

4.1 Location and Bed Ratios

There are nine nursing homes in the NADC area with a total of 531 beds (See Map 6 and Table 2). Given the present NADC population of 229,715, the number of beds per 1000 population is 43 for the total population. When one calculates the number of beds per thousand for the 65 and above age cohort given 13,020 (7%) senior population the ratio is 41.

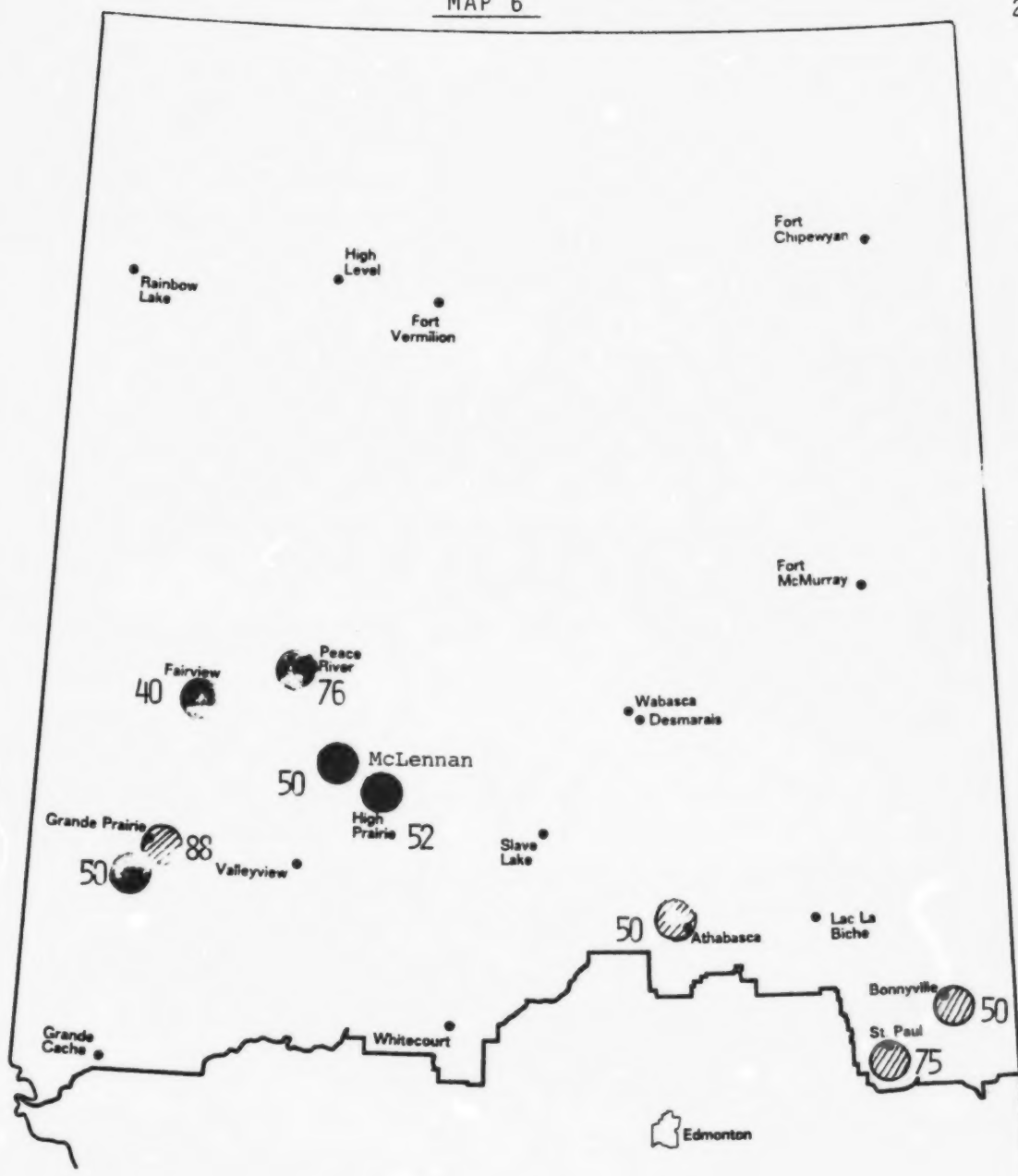
TABLE 2
NURSING HOMES BY LOCATION, OWNERSHIP AND APPROVED BED COMPLEMENT
AT MARCH 31, 1980

<u>Location</u>	<u>Name</u>	<u>Ownership</u>	<u>Approved Bed Complement **</u>
Athabasca	Parkland	Private	50
Bonnyville	Parkland	Private	50
Fairview	Fairview	District	40
Grande Prairie	Central Park Lodge	Private	88
Grande Prairie	Swan Haven*	District	50
High Prairie	J.B. Wood*	District	52
McLennan	Our Lady of the Lake*	District	50
Peace River	Sutherland*	District	76
St. Paul	Parkland	Private	<u>75</u>
TOTAL			531
PROVINCIAL TOTAL			7,132

Source: Alberta Hospitals & Medical Care Annual Report, 1979/80, Table 5

* Single asterisk indicates that the nursing home is accredited by the Canadian Council on Hospital Accreditation.

** As of March 26, 1981.



NORTHERN ALBERTA DEVELOPMENT COUNCIL AREA

LOCATION OF NURSING HOMES AND NUMBER OF BEDS

-  PRIVATE OWNERSHIP
-  DISTRICT OWNERSHIP

Source: Alberta Hospitals and Medical Care Annual Report 1979/80

The provincial ratio in 1980 was approximately 44 beds per 1,000. In 1976 the ratio had been 50. According to the Nursing Home Review Panel report, "To sustain the ratio of 50 beds per 1,000 population an additional 1,050 beds would have been required at a capital cost of about \$42 million."⁽⁹⁾ Utilizing 1981 census figures, the ratio provincially has remained approximately stable at 44 beds/1,000. Thus, the ratio 41/1,000 in the NADC area is below the provincial average.

Table 3 summarizes the ratio by Census Division area, thus giving the reader a spatial perception of the distribution.

TABLE 3
NUMBER OF NURSING HOME BEDS PER 1000
SENIOR POPULATION

Area	No. of Seniors (65 +)	No. of Nursing Home Beds	Ratio b/1000
C.D. 12	4,390	125	29
C.D. 13*	1,340	50	37.3**
C.D. 15	7,290	356	49
Total NADC Area	13,020	531	41
Provincial	163,385	7,132	44

* Only sector in NADC area.

** The 50 beds serve the entire C.D. 13 area, thus the ratio may be much lower in reality.

Spatially, C.D. 12 and 13 are below the provincial average while C.D. 15 is well above. The northeastern side of the province appears to have a definite shortage.

Upon examining the percentage of senior population by Census tract, the problem looms even larger. Table 4 indicates by C.D. and by

(9) Ibid, p.27.

specific census areas, the percentage of the area's population in both the 65 and over cohort and the 55-64 cohort.

Special note should be taken of C.D. 12: Elk Point (22.9% in the 65+), Glendon (23%), St. Paul (14%), Beaver Lake #131 (19%), Cold Lake #149B (18%). The provincial percentage is 7.3%. Thus, in C.D. 12 alone there are 10 areas above the provincial percentage.

C.D. 13 has 4 areas out of a possible 7 well above the provincial percentage; Athabasca (19.3%), Athabasca County (8.7%), Boyle (27.3%), Fort Assiniboine (14.3%), and Island Lake (22.2%).

C.D. 15 has 24 areas out of a possible 63 which are above the provincial percentage of seniors. The C.D. 15 figures range from 8 - 33%.

From analysis of the spatial distribution of the percentage and the population pyramids, the following trends which in many cases are particular to northern Alberta are noted:

- (1) There is a definite concentration of seniors in smaller rural service centers.
- (2) The reserve and Metis areas have a high percentage of senior populations.
- (3) The new town and resource areas show at present low senior percentages, but future senior populations could be quite large.
- (4) Areas which presently have high senior percentages also have high percentages in the 55-64 age cohort, indicating a future continuance of the high percentage senior cohort.

TABLE 4
PERCENTAGE OF POPULATIONS WHICH ARE IN SENIOR COHORTS BY CENSUS TRACT
 (Note: Absolute Numbers Can Be Found in Appendix)

Census Area	% of Total Population		% of Total Population
	65+	55 - 64	55+
<u>Division 12</u>			
Beaver Lake 131	19.3	11.5	30.8
Bonnyville	11.2	5.8	17.0
Bonnyville Beach	10.0	-	10.0
Bonnyville County No. 87	2.4	4.1	4.5
Cold Lake	6.4	5.0	11.4
Cold Lake 149	8.9	5.5	14.4
Cold Lake 149A	-	-	-
Cold Lake 149B	18.7	12.5	31.2
Elk Point	22.9	11.2	34.1
Fort McMurray	0.6	2.1	2.7
Glendon	23.0	11.5	34.5
Grand Centre	3.6	3.8	7.4
Gregoire Lake 176	-	-	-
Heart Lake 167	-	6.3	6.3
I.D. #18	6.0	6.0	12.0
I.D. #24	-	5.4	5.4
Janvier 194	6.2	-	6.2
Kehewin 123	2.6	2.6	5.2
Lac La Biche	8.7	6.5	15.2
Pelican Narrows	-	-	-
Plamondon	15.4	15.4	30.8
Puskiakiwenin	-	5.1	5.1
Saddle Lake 125	4.1	3.9	8.0
St. Paul	14.0	9.3	23.3
St. Paul County 19	5.9	8.1	14.0
Unipouheos 121	4.3	4.3	8.6
Whitefish Lake 128	2.7	3.4	6.1

TABLE 4 (Cont'd)

Census Area	% of Total Population		% of Total Population
	65+	55 - 64	55+
<u>Division 13</u>			
Athabasca	19.3	11.5	30.8
Athabasca County No. 12	8.7	9.5	18.2
Boyle	27.3	13.3	40.6
Fort Assiniboine	14.3	11.9	26.2
I.D. 15	5.2	7.1	12.3
Island Lake	22.2	22.2	44.4
Whitecourt	1.9	3.0	4.9
<u>Division 15</u>			
Beaverlodge	9.6	7.5	17.1
Berwyn	13.4	7.1	20.5
Boyer 164	5.3	5.3	10.6
Bushe River	8.3	-	8.3
Child Lake 164A	-	-	-
Donnelly	11.9	7.5	19.4
Drift Pile River 150	3.5	3.5	7.0
Duncan's 151A	33.3	-	33.3
Eaglesham	9.7	9.7	19.4
Fairview	11.1	6.3	17.4
Fairview No. 136	7.4	8.2	15.6
Falher	14.1	9.1	23.2
Fox Creek	-	2.5	2.5
Fox Lake 162	2.4	2.4	4.8
Freeman 150B	-	-	-
Girouxville	12.3	9.2	21.5
Grande Prairie	5.0	4.4	9.4
Grande Prairie County No. 1	12.8	8.4	21.2

TABLE 4 (Cont'd)

Census Area	% of Total Population		% of Total Population
	65+	55 - 64	55+
<u>Division 15 (cont'd)</u>			
Grimshaw	7.1	5.6	12.7
Hay Lake 209	5.5	3.7	9.2
High Level	1.4	2.3	3.7
High Prairie	10.2	6.6	16.8
Hines Creek	8.7	6.1	14.8
Horse Lakes 152B	4.3	4.3	8.6
Hythe	22.6	7.8	30.4
I.D. #16	4.6	6.4	11.0
I.D. #17	6.0	6.5	12.5
I.D. #19	12.8	9.7	22.5
I.D. #20	5.0	8.3	13.3
I.D. #21	4.4	6.6	11.0
I.D. #22	5.6	6.9	12.5
I.D. #23	4.0	4.2	8.2
Jean Baptiste Gambler	-	-	-
Jean D'Or Prairie	3.4	2.3	5.7
Kinuso	8.8	3.5	12.3
Manning	15.4	6.4	21.8
McLennan	15.1	9.8	24.9
Nampa	11.9	8.9	20.8
Peace River	3.7	3.2	6.9
Peace M.D. No. 135	7.9	9.2	17.1
Rainbow Lake	-	3.0	3.0
Rycroft	8.1	5.1	13.2
Sexsmith	5.5	5.1	10.6
Slave Lake	1.2	1.5	2.7
Smoky River No. 130	2.9	3.8	6.7
Spirit River	12.5	5.5	18.0

TABLE 4 (Cont'd)

Census Area	% of Total Population		% of Total Population
	65+	55 - 64	55+
<u>Division 15</u>			
Spirit River No. 133	4.3	6.1	10.4
Sturgeon Lake 154	5.3	4.4	9.7
Sucker Creek 150A	3.6	3.6	7.2
Swan Hills	0.4	1.3	1.7
Swan River 150E	10.0	-	10.0
Tall Cree 173	-	5.5	5.5
Tall Cree 173A	-	-	-
Upper Hay River 212	12.3	7.0	19.3
Utikoomak Lake 155	4.0	1.3	5.3
Valleyview	6.1	4.8	10.9
Wabasca 166A	6.9	5.2	12.1
Wabasca 166B	10.0	20.0	30.0
Wabasca 166C	-	3.0	3.0
Wabasca 166D	2.4	2.4	4.8
Wanham	13.2	9.4	22.6
Wembley	2.1	2.6	4.7
Grande Cache	0.6	2.6	3.2

Source: Calculations from 1981 Census

Thus, one can conclude that areas with present below average bed ratios will experience continuing pressures in present service delivery systems.

A telephone survey of all nursing homes in the NADC area, which requested information on waiting lists, produced the following table.

TABLE 5
NURSING HOME WAITING LIST SURVEY

<u>Nursing Home</u>	<u>Waiting List</u>	<u>Number on Waiting List</u>	<u>Empty Beds</u>
Athabasca, C.D. 13	Yes	8	No
Bonnyville, C.D. 12	Yes	13	No
Fairview, C.D. 15	Yes	25	No
Grande Prairie Central Park Lodge, C.D. 15	Yes	25	No
Grande Prairie Swan Haven, C.D. 15	Yes	23	No
High Prairie, C.D. 15	No	-	No
McLennan, C.D. 15	No	-	2
Peace River, C.D. 15	No	-	4
St. Paul, C.D. 12	Yes	2	No

Source: Telephone conversation with Nursing Homes, November 30, 1982.

Note the length of the lists in the C.D. 15 area. Even though the bed ratios are high, the waiting lists are nevertheless significant.

Based solely on population distribution and existing beds, there is a problem on the eastern side of the province in that it is under the provincial ratio and under the NADC existing average. Although St. Paul indicated a waiting list of 2, recent negative publicity given its nursing may have an influence on the number.

4.2 Financial Operation of Facilities

All nursing homes receive per diems per bed and no differentiation is made between private and public nursing homes.

Table 6 indicates the total per diem support for nursing homes in the NADC area in 1979/80.

The reader is advised to read page 43 and 44 of the Nursing Home Review Panel to obtain an overview of fees and charges across Canada.

The Nursing Home report also points out the following regarding operational costs:

"From 1971 to 1980 total operating expenditures by the Alberta Government on nursing homes rose 525 percent and capital costs per bed rose 400 percent. The government's operating cost per bed rose 398 percent from 1971 to 1980 -- from \$3.68 per day to \$19.20 per day. The resident's cost rose 133 percent -- from \$3.00 per day to \$7.00 per day for ward accommodation."(10)

As costs rise and inflation takes its toll, the operation of nursing homes becomes more costly. Private operators appear to be making a profit operating within given governmental guidelines. If this is the case, one must question either the efficiency of operation of district nursing homes or the quality of care in private nursing homes.

Excessive operational costs may prohibit the construction of new facilities in the future. If the present economic environment continues, restraints both within the public and private sectors are

(10) Ibid, p.28.

TABLE 6

DISTRIBUTION OF TOTAL EXPENDITURE BY NURSING HOME

FOR THE YEAR ENDED MARCH 31, 1980

NURSING HOMES	OWNER-SHIP	PER DIEM SUPPORT	EXTRAORDINARY MAINTENANCE	OTHER PROGRAM SUPPORT	DEBT RETIREMENT	OTHER CAPITAL COSTS	TOTAL
		\$	\$	\$	\$	\$	\$
ATHABASCA, Parkland	P	351,707	-	-	-	-	351,707
BONNYVILLE, Parkland	P	358,898	-	-	-	-	358,898
FAIRVIEW, Fairview	D	270,826	-	-	22,913	1,069	294,808
GRANDE PRAIRIE, Central Park Lodge	P	616,739	-	-	-	-	616,739
GRANDE PRAIRIE, Swan Haven	D	369,765	-	-	42,962	792	413,519
HIGH PRAIRIE, J.B. Wood	D	304,651	-	-	51,903	644	357,198
MCLENNAN, Our Lady of Peace	D	365,470	-	-	57,731	693	423,894
PEACE RIVER, Sutherland	D	503,234	7,310	-	69,682	1,445	581,671
ST. PAUL, Parkland	P	519,836	-	-	-	-	519,836
LAC STE. ANNE, Whitecourt N.H. District #27 Board		-	-	2,500	-	-	2,500
N.A.D.C. AREA TOTAL		3,661,126	7,310	2,500	245,191	4,643	3,920,770
PROVINCIAL TOTAL		49,882,130	26,184	2,500	4,053,364	289,695	54,253,873

30.

SOURCE: Alberta Hospitals & Medical Care Annual Report, 1979/80, Statement E.

TABLE 6A

DISTRIBUTION OF TOTAL EXPENDITURE AND PER CAPITA EXPENDITURE

FOR THE YEAR ENDED MARCH 31, 1980

AREA	PER DIEM SUPPORT	EXTRAORDINARY MAINTENANCE	OTHER PROGRAM SUPPORT	DEBT RETIRE- MENT	OTHER CAPITAL COSTS	TOTAL	PER CAPITA EXPENDI- TURE
N.A.D.C. Area Total	\$ 3,661,126	\$ 7,310	\$ 2,500	\$ 245,191	\$ 4,643	\$ 3,920,770	\$ 17.07
Remainder Total	46,221,004	18,874	-	3,808,173	285,052	50,333,103	25.07
Provincial Total	49,882,130	26,184	2,500	4,053,364	289,695	54,253,873	24.24

SOURCE: Alberta Hospitals & Medical Care Annual Report, 1979/80.

maintained, and coupled with the ever increasing numbers of seniors the demands upon existing nursing homes will only increase. Areas which are not sufficiently serviced at present will undoubtedly experience compounded problems in the future.

Based on the limited financial materials available through the Alberta Hospitals & Medical Care Annual Report 1979/80 and given the often higher cost of living in northern areas, the amount of financial support given to the NADC area is less on both a total and per capita basis than the remainder of Alberta (See Tables 6 and 6A).

4.3. Report and Recommendations of the Alberta Nursing Home Review Panel (March 1982) And Its Implications for Northern Alberta

The Nursing Home Review Panel was established by an Order in Council on April 8, 1981 to perform the following:

- (a) assess the development of the nursing home system in Alberta;
- (b) compare the Alberta nursing home system with those in other provinces;
- (c) evaluate the structure, functioning and financing of nursing homes in Alberta; and
- (d) report its findings and recommendations to the Minister of Hospitals and Medical Care by March 31, 1982.

The report is an excellent review of the Nursing Home Program in the province. Its major shortcoming is its lack of a spatial perspective. The system is not reviewed as to regional imbalances and as such, northern disparities do not appear.

The report proposes 43 recommendations. The following pages list the recommendations of the Nursing Home Review Panel and attempts in a general and limited manner (within the bounds of this report) to identify the implications to northern Alberta.

<u>Recommendations of the Nursing Home Review Panel *</u>	<u>Implications for the NADC Area</u>
1. <u>System Review</u> - THAT a formal review be established by the Alberta Government so that: (a) changes proposed in this report are implemented and monitored to ensure that they are meeting the needs of continuing care of recipients and staff; and (b) additional changes are recommended as their need becomes apparent.	- a positive step - areas which lack services would be identified - could lead to a more integrated delivery program - important that review be of <u>entire</u> system, not only nursing homes.
2. <u>Integration of Patient Types</u> - THAT at first opportunity, Type II (nursing home) and Type III (auxiliary hospital) levels of care be integrated within existing nursing homes by re-classifying the funding and staffing of nursing home beds to reflect different levels of care as patient assessments require.	- positive step - would give the northern areas more beds numerically, but in reality it would not eliminate deficiencies - more efficient system
3. <u>Patient Classification</u> - THAT a patient classification system be implemented that is consistent province-wide; is based on diagnosis and need; and embodies a staffing formula for each classification. This classification system would form the basis for funding continuing care facilities.	- a plus to the north; present northern system is a doctor referral system - would allow for greater placement within the system but requires integrated system for maximum effect

* Taken from Report and Recommendations of the Alberta Nursing Home Review Panel (March 1981)

<u>Recommendations of the Nursing Home Review Panel</u>	<u>Implications for the NADC Area</u>
4. <u>Rehabilitation</u> - THAT travelling rehabilitation teams be available to all nursing homes on a frequent and regular basis to: (a) evaluate newly admitted residents; (b) establish necessary programs; (c) train in-house staff in rehabilitation techniques; and (d) monitor and adjust programs as necessary.	- would provide for greater equality of care through the system - could act as a check on both private and public homes - could improve quality of northern delivery
5. <u>Privacy</u> - THAT future nursing homes be designed to enhance the privacy of the resident, including private sleeping quarters for all residents; toilets in suite preferably, or shared between a maximum of two rooms; interconnecting doors between two rooms in some cases to accommodate couples; and large closets with locks and locking drawers.	- costly, but would allow for greater dignity to patient
6. <u>Physician Services</u> - THAT: (a) nursing homes be required to have a formal medical staff, or where this is not possible, a medical advisor on a retainer fee; (b) changes should be made in the Schedule of Benefits that would provide sufficient remuneration to doctors to compensate them for the extra time spent in treating residents in continuing care facilities and so encourage them to make regular visits.	- could draw doctors to the north - possibility of area <u>not</u> receiving facility if medical personnel lacking in area

<u>Recommendations of the Nursing Home Review Panel</u>	<u>Implications of the NADC Area</u>
7. <u>Medications</u> - THAT: (a) registered nursing assistants be given appropriate training and authority to administer medications; (b) the use of the modified unit dosage medication system be encouraged in all facilities; (c) a consulting pharmacist be available to each nursing home who would provide in-service training for staff and establish a drug review program; (d) in all cases therapy, exercise, and diet be used to attempt to reduce the use of medications.	- would increase the quality of care particularly in areas where doctors are in limited supply, but could cause problems with nursing associations
8. <u>Mental Health</u> - THAT the Alberta Government implement the recommendations of the Provincial Mental Health Advisory Council report "The Optimal Use of Nursing Homes in the Care of the Mentally Disturbed Person". In particular, aggressive and abusive residents should be segregated from mentally well residents, either accommodated in specific sections of existing facilities or in separate buildings. Confused and wandering residents can be retained in nursing homes provided that: (a) staff training is improved; (b) more privacy is provided; (c) segregated dining areas are provided; (d) proper surveillance is provided; (e) pre-admission stabilization and temporary transfer to a psychiatric facility are available as needed; (f) buildings are designed to control wanderers.	- would create a more normal healthy environment

<u>Recommendations of the Nursing Home Review Panel</u>	<u>Implications for the NADC Area</u>
9. <u>Palliative Care</u> - THAT the special needs of the dying person and of that person's family be recognized by providing staff training in palliative care.	- positive, dignity of patient would be protected - less problems with staff patient, and family
10. <u>Food</u> - THAT: (a) all nursing homes work with a registered dietitian in menu planning, and other food services; (b) all menus be posted daily in public areas; (c) every effort be made to avoid the institutional nature of nursing home food and to provide innovative and imaginative food services, including selective menus, increased hours of service, pleasant dining areas, kitchenettes, and segregated areas for untidy eaters.	- increased quality of care
11. <u>Recreations</u> - THAT every nursing home have a full-time recreation program operated by residents, volunteers, and recreation coordinators.	- a positive step which would increase community involvement in the operation of nursing homes - encourages activity rather than disengagement

<u>Recommendations of the Nursing Home Review Panel</u>	<u>Implications for the NADC Area</u>
12. <u>Transportation</u> - THAT community based handibusses be readily available to all nursing homes.	- increases community involvement - may be costly for some northern communities - gives nursing home residents greater mobility
13. <u>Trust Accounts</u> - THAT: a) monies placed in trust for the miscellaneous needs of a resident in a continuing care facility be limited to a comfort fund of \$300 or 90 days' requirements, whichever is the lesser amount. Interest on such accounts would be used for recreational programs for the residents; b) all funds in excess of \$300 be transferred to a personal interest-bearing bank account in the name of the resident; c) the operator of the nursing home be permitted to make purchases on behalf of residents and charge them to an individual's account, if given permission to do so by a resident or that individual's family or sponsor; d) admission agreements include a statement notifying the resident and family of all regulations pertaining to the use of monies.	- no comments

<u>Recommendations of the Nursing Home Review Panel</u>	<u>Implications for the NADC Area</u>
14. <u>Fire and Safety</u> - THAT each community care facility have an emergency planning committee responsible for developing and coordinating an emergency evacuation plan and for incorporating the plan into in-service training.	- greater safety and security for residents
15. <u>Registered Nursing Assistants</u> - THAT more registered nursing assistants be employed in continuing care facilities, and that an adequate pay scale be established which recognizes their skills.	- this could increase quality of care in northern areas where nurses are in short supply
16. <u>User Fee for Services</u> - THAT: a) all medical care required be free to individuals receiving continuing care; b) the cost of room and board in a continuing care facility be paid by the resident. The rate of room and board should be set by the Alberta Government and should be standard in all continuing care facilities. When amenities, additional to those included in the standard rate are provided, the resident should pay an increased rate. A reduced rate for room and board should apply if a facility is lacking any amenities included in the standard rate for room and board; and	- implies a user pay service - possible increase in rates - <u>equal</u> service not available to all; e.g. the individual who can afford to pay a higher fee has a greater choice of accommodation and services

Recommendations of the Nursing Home
Review Panel

Implications for the NADC
Area

16. c) if a resident is temporarily transferred to an active treatment hospital, that individual should continue to pay room and board to the continuing care facility where he or she resides. If the person is permanently discharged from a continuing care facility to an active treatment hospital, he or she should pay the provincial standard room and board rate for a continuing care facility, to the hospital.

17. Funding - THAT

- | | |
|---|---|
| <p>a) before each continuing care facility or service prepares its annual budget the Alberta Government send consulting teams to visit the facility or service to establish or review operating objectives and standards. Staffing and programs would be agreed on and the continuing care operator would contract to meet the stated objectives in return for the negotiated funding. The Alberta Government should be responsible for the approved standard costs of providing room and board (see Recommendation 16, User Fee for Services); and</p> | <ul style="list-style-type: none"> - greater reliance on the private sector - government role in actual operations would decrease - higher standards a probability |
|---|---|

Recommendations of the Nursing Home
Review Panel

Implications for the NADC
Area

- | | |
|--|---|
| <p>17. b) operating surpluses generated by a facility or service remain with that facility or service;</p> | <ul style="list-style-type: none"> - could have long term effect of encouraging effective cost control when executing annual budgets - could be an incentive to provide special services on a periodic basis - could be difficult to administer where private homes are involved |
| <p>c) operating losses incurred by a facility be paid for by the owner of the facility and not by the Alberta Government. Losses incurred by a publicly owned nursing home should be the responsibility of the community or communities operating the facility.</p> | <ul style="list-style-type: none"> - could imply greater debt load for communities - would encourage realistic budgeting and more responsible execution of budgets |
| <p>18. <u>Ownership</u> - THAT:</p> | |
| <p>a) the three types of nursing home ownership now in existence - public, private, voluntary - be encouraged to continue, recognizing that each has its own unique contribution to make toward achieving a coordinated compassionate, effective system of continuing care in Alberta; but</p> | <ul style="list-style-type: none"> - allow for choice in heavily populated areas but the emphasis on private ownership in previous recommendations may be restrictive to the North where costs are high |
| <p>b) all new continuing care facilities built in the future be constructed on publicly owned land. This is not meant to prohibit the expansion of existing facilities.</p> | |

<u>Recommendations of the Nursing Home Review Panel</u>	<u>Implications for the NADC Area</u>
19. <u>Location of Facilities</u> - THAT continuing care facilities and services be established in communities which are as close as practical to the usual residence of prospective users.	- facilities would be located in areas of high concentrations of seniors in the North - beneficial in the long run
20. <u>Approval Process</u> - THAT approval for the operation of any new continuing care facility be based on open competition to ensure that public, private, and voluntary owners are given equal opportunity.	- operational costs will influence the competition as to whether public, private or voluntary owners compete in northern cases
21. <u>Portability</u> - THAT: a) the residency requirements for admission to a nursing home be changed and applications be considered from individuals who have been a resident in Alberta for a minimum of one year; b) special circumstances be considered so that Canadian citizens from other provinces and landed immigrants, who are in a crisis situation, may be considered for immediate admission to a nursing home.	- allows for inter-provincial mobility - may assist in family stability - would provide a more equitable system

Recommendations of the Nursing Home
Review Panel

Implications for the NADC
Area

- | | |
|--|--|
| <p>22. <u>Nursing Homes Acts and Regulations</u> -
 THAT the Alberta Nursing Homes Acts and Regulations be re-written so that the criteria for successful management of continuing care facilities be the achievement of objectives of care. Revisions to the Act should include statements which define the needs of users; establish objectives; and provide guidelines for appraisal of facilities by inspection teams.</p> | <ul style="list-style-type: none"> - could improve quality of care and ensure greater uniformity of delivery throughout the province |
| <p>23. <u>Inspections and Enforcement</u> - THAT:</p> <p style="padding-left: 20px;">a) a continuing care inspection panel be appointed which would be required to make unannounced visits to auxiliary hospitals, lodges, and nursing homes; make random visits to home care recipients; meet with the budget consulting team when major expenditures are necessary; and handle complaints. Panel members should be representatives from the Department of Hospitals and Medical Care and from the community, and should include senior citizens. The chairperson should not be an elected official nor a full-time employee of the Department of Hospitals and Medical Care; and</p> | <ul style="list-style-type: none"> - an excellent recommendation in principle - the northern areas should be well represented - chairmanship should rotate every two or three years |

Recommendations of the Nursing Home
Review Panel

Implications for the NADC
Area

- | | |
|---|---|
| <p>23. b) in cases where the Nursing Homes Acts and Regulations are not being upheld, the administrator of the nursing home at fault be notified of each specific infraction and advised of the date by which the situation must be rectified. If the situation has not been remedied by the specified date, admissions to the facility should be discontinued. If a regulation continues to be violated, the owner should be suspended and an interim operator appointed. These conditions should be written into every contract between the Department of Hospitals and Medical Care and the owner of a continuing care facility.</p> | <p>- would tend to avoid problems in the long run if this recommendation was enforced</p> |
| <p>24. <u>Final Appeals</u> - THAT the Minister of Hospitals and Medical Care appoint a mediator when a case has not been satisfactorily settled through usual appeal procedures (see Recommendation 23, Inspections and Enforcement).</p> | <p>- a necessary step in the regulation/appeal procedure</p> |

Recommendations of the Nursing Home
Review Panel

Implications for the NADC
Area

- | | |
|---|--|
| <p>25. <u>Coordinated System of Care</u> - THAT a system be developed to coordinate the provision of all institutional and non-institutional continuing care services including auxiliary hospitals, lodges, nursing homes, and the Coordinated Home Care Program. That the system provide for funding on the basis of need; contracting and coordinating services; program development; and input from the community. That the system have responsibility for accountability; assessment and placement; travelling rehabilitation teams; and consulting professionals.</p> | <ul style="list-style-type: none"> - this is definitely
NEEDED - could reduce costs and ensure proper placement and proper service delivery - emphasis on activity theory rather than disengagement |
| <p>26. <u>Multi-Disciplinary Assessment Team</u> -</p> <p>THAT there be one central multi-disciplinary assessment team in each geographical area which would determine the level of care needed by applicants (i.e., auxiliary hospital, lodge, nursing home, or the Coordinated Home Care Program).</p> | <ul style="list-style-type: none"> - excellent - community based and would ensure recognition of northern problems |

<u>Recommendations of the Nursing Home Review Panel</u>	<u>Implications for the NADC Area</u>
27. <u>Coordinator(s) of Continuing Care Services</u> - THAT: to ensure the coordination of continuing care services, coordinators be assigned to visit each community in the province to explain the principles of coordination; evaluate existing care services; determine how the community services could be coordinated; and receive direction from the community concerning citizens' aspirations for the coordination of continuing care services. Coordinators should be knowledgeable concerning service coordination and should not be employed by any agency, authority, or department to be affected by the coordination of services.	- excellent concept when linked with Recommendation #25
28. <u>"At Risk" Registry</u> - THAT a program be developed to allow public health nurses and social workers to make routine contact with those frail or elderly individuals in the community who have previously contacted a health authority in order to: a) maintain an "at risk" registry to identify problems in advance; b) outline a preventive care program for individuals; and c) make necessary referrals to physicians or mental health workers.	- greater community involvement - a preventive measure

<u>Recommendations of the Nursing Home Review Panel</u>	<u>Implications for the NADC Area</u>
29. <u>In-Service Training</u> - THAT structured and continuous in-service training programs be provided for staff of all continuing care facilities. Programs should be conducted by an on-staff coordinator or a member of a travelling education team. The Alberta Government should ensure that effective in-service education programs are available in every continuing care facility.	- very important to northern areas where isolation may be felt by staff - would increase quality of care
30. <u>Institute of Gerontology</u> - THAT an Institute of Gerontology, as proposed to the Minister of Social Services and Community Health in June 1979, be developed immediately, with the proviso that in the future the institute report to the Minister having the most responsibility for gerontological issues.	- costly - would be located in Edmonton - limited benefit to northern areas
31. <u>Geriatric Training for Professionals</u> - THAT geriatric care be a compulsory subject on the curriculum of medical and nursing students at Alberta universities and colleges.	- greater awareness by professionals delivering services over time
32. <u>Occupational and Physiotherapy Training</u> THAT the enrollment quota in occupational therapy and physiotherapy programs be increased to provide sufficient graduates to meet present and future requirements.	- implications possibly in light of bursary program - positions could be sponsored for northerners if extended care facilities obtained ear-marked funding for more staff

Recommendations of the Nursing Home
Review Panel

Implications for the NADC
Area

33. Recreational Training - THAT short training programs in providing recreation services for senior citizens, with particular emphasis on recreation for the elderly in institutions, be developed by Alberta Vocational Centres and community colleges, and made available to staff of continuing care facilities.
- this will increase in importance as the number of seniors increase
- consistent with both 'continuity' and 'activity' theories
34. Training of Nursing Aides - THAT:
- a) a training program in basic geriatric care be provided for nursing aides working in continuing care facilities. The course should be taught in-house by instructors who travel to continuing care facilities throughout the province. This course should also be taught in appropriate educational facilities; and
- increases quality of care
- b) all newly-hired nursing aides should be required to attend the course in basic geriatric care at the end of their probationary period. Completion should be a condition of continued employment in a continuing care facility. Nursing aides already on staff should be encouraged to attend the course on a voluntary basis. Upon satisfactory completion of the course, participants should receive a wage increment.

<u>Recommendations of the Nursing Home Review Panel</u>	<u>Implications for the NADC Area</u>
35. <u>Sponsorship and Advocacy - THAT:</u>	
a) each resident be required to indicate at the time of admission the person he or she has as a sponsor to act as advocate and social supporter;	- greater community involvement - would likely increase higher standards of individual care
b) each continuing care facility set up information programs for families, friends, and volunteers so that they may be prepared to act as sponsors.	- very important when residents are not in their 'home' community
36. <u>Family and Community Support Programs - THAT:</u>	
a) each continuing care facility appoint a staff person to be responsible for establishing an orientation program for applicants, new residents, and their families so they may better understand what the facility will be able to provide;	- very important in northern communities - encourages greater involvement
b) the operator of the facility organize a community support program which includes coordinating volunteers, arranging for a pastoral care program, and involving family members and friends in the program offered by the facility.	- would be cost effective in the long run

Recommendations of the Nursing Home
Review Panel

Implications for the NADC
Area

- | | |
|--|---|
| <p>37. <u>Public Relations</u> - THAT a "Guide to Continuing Care" be published by the Department of Hospitals and Medical Care which would bring together all information needed by anyone requiring care, covering the kinds of services available from that given by the Coordinated Home Care Program to that given in an active treatment hospital.</p> | <ul style="list-style-type: none"> - a package should be prepared in conjunction with Social Services and other delivery agencies |
| <p>38. <u>Physical Planning</u> - THAT all new continuing care facilities be constructed as multi-purpose facilities which are able to accommodate all types of continuing care, ranging from lodge through auxiliary hospital.</p> | <ul style="list-style-type: none"> - most cost efficient - reduces stigmas attached to institutionalism - administrative authorities and cost sharing mechanics would have to be developed and established |
| <p>39. <u>Eligibility for Coordinated Home Care</u> - THAT eligibility for the Coordinated Home Care Program not be based solely on medical service requirements, but include evaluation of the individual's functional ability to cope with the tasks of daily living, and his or her social environment. Individuals assessed as eligible for the program would be entitled to all the services presently provided by the Coordinated Home Care Program, free of charge.</p> | <ul style="list-style-type: none"> - excellent - would encourage the retention of the individual in the home setting for longer periods of time |

<u>Recommendations of the Nursing Home Review Panel</u>	<u>Implications for the NADC Area</u>
39. (Cont'd) In the case where the cost to the Alberta Government for supporting an individual at home exceeds the amount of government subsidy allocated for the purpose of keeping that individual in a nursing home, the individual should pay for the extra cost of home care or apply for institutional care.	- problem it could be very costly in the North because of distances, manpower, etc. - requires coordinator
40. <u>Multi-Level Care</u> - THAT the Alberta Government develop multi-level continuing care facilities (i.e., facilities with a complete range of services including drop-in centres, apartments, lodges, and continuing care facilities) beginning with pilot projects in rural and small urban centres.	- excellent - suggest Elk Point area as a pilot project
41. <u>Expansion of Services</u> - THAT respite care, day care, day hospital centres, and other alternatives to institutions be provided where none exist, and that they be expanded as needed.	- could be very applicable to northern areas that do not have nursing homes - requires coordination
42. <u>Young Adult Residents</u> - THAT where feasible, the special needs of young adult residents be provided for, including the provision of separate facilities or separate areas in facilities.	- would be beneficial if numbers warrant

Recommendations of the Nursing Home
Review Panel

Implications for the NADC
Area

43. Extended Hours for Coordinated Home
Care Program - THAT the hours of
operation for home nursing services be
extended to seven days each week, and
that a method be developed for pro-
vision of meals for seven days each week.

- increased costs but
improved service would
be the benefit

5.0 PAST RECOMMENDATIONS OF THE NORTHERN ALBERTA DEVELOPMENT COUNCIL

The Northern Alberta Development Council has in the past supported care for the elderly. The Health Needs Conference resulted in the following recommendations:

"(F) Elderly and Home Care

In the health service industry, care for the aged has never been quite so prestigious as caring for the young or acutely ill patient. With the increasing elderly population (e.g., 11% over 65 in 1990 in C.D. 13), changes must be made lest we find the quality of service to a significant portion of our society is embarrassingly low.

Two segments of care to the elderly were emphasized by the consultants' report and Workshop: proximity of care to locality of residence, and the recently inaugurated Coordinated Home Care Program. Present efforts in these areas received favourable comment, but it was felt that some aspects should be given special consideration.

Recommendation 27 - A review of existing research and programs for the elderly should be undertaken with an eye to formulating an all inclusive plan of action for health care delivery to the elderly. This comprehensive plan should also receive extensive public exposure.

Recommendation 28 - Accommodations for the elderly should be, wherever possible, provided on a small scale at the local level, so that friends and relatives are within easy commuting distance and residents can participate in local activities.

- (28a) Additional auxiliary beds should be established in many communities for chronically ill patients requiring care that could be partially manned by local community volunteers.
- (28b) Accommodations for the elderly from isolated communities should be provided at a facility as close as possible to their home region and the facility should have the capability of accommodating couples.

Recommendation 29 - The Coordinated Home Care Program should be modified to give special considerations for the elderly.

- (29a) The criteria for admission to the Coordinated Home Care Program for the elderly should take into account need for support services as well as health reasons.
- (29b) The Coordinated Home Care Program should be established as a permanent program with a flexible funding formula which compensates for the lower density of population and distances involved in northern Alberta.
- (29c) In areas where Preventive Social Service Programs (currently called, Family & Community Support Services) such as Homemakers Service, Meals on Wheels and special transportation services are not available, Coordinated Home Care should consider initiating the service.

(G) Coordination of Services

Alberta citizens are fortunate in having a multitude of services available to satisfy health needs. Effort should constantly be exerted, however, to refine the services provided

and avoid duplication of effort. As happens in some complex systems, portions of services are under-or over-utilized and planning takes place at more than one level. Programs can be stifled because of a lack of coordination and cooperation. The Council and Workshop participants felt that increased efforts in the area of coordination would go a long way toward making health care delivery in northern Alberta more efficient and less confusing to the consumer."

Thus, the Council has supported a review of the existing system with an emphasis to greater coordination between Home Care and Nursing Homes. These recommendations should once again be forwarded to the appropriate authorities along with support for those recommendations approved of by Council in the Nursing Home report.

6.0 CONCLUSIONS

The above report examines the theories of aging, northern Alberta demographics and the distribution of nursing homes in the NADC area. Its purpose was to present an overview of the present demographics affecting the demand for nursing homes and the spatial distribution of the existing facilities. Following the demand and supply situation a review of the implications of the Nursing Home Review Panel Recommendations are made.

Specifically, the report identifies three theories of aging -- disengagement, activity and continuity. The life cycle stage termed "old age or senior citizenship" is in reality composed of several levels varying with an individual's needs, both on a physical as well as social basis. Delivery programs for seniors should recognize the variety of needs and levels of senior care.

Demographically, the number of seniors is on a sharp incline both in Alberta as a whole and the NADC area. Between 1976 and 1981 the increase in the Alberta's 65+ age cohort was 16% and estimates call for a doubling by the year 2001. Although the northern areas have traditionally been viewed as young population areas, recent 1981 Census materials indicate areas with 20-30% of their populations in the 65+ cohort. The smaller urban centres are experiencing the pressures of seniors moving in from rural areas.

The number of beds per 1000 is less in the North (41/1000) when compared to the provincial average of 44/1000.

In light of the foregoing research and documentation, the Council submits the following conclusions:

6.0 CONCLUSIONS

The above report examines the theories of aging, northern Alberta demographics and the distribution of nursing homes in the NADC area. Its purpose was to present an overview of the present demographics affecting the demand for nursing homes and the spatial distribution of the existing facilities. Following the demand and supply situation a review of the implications of the Nursing Home Review Panel Recommendations are made.

Specifically, the report identifies three theories of aging -- disengagement, activity and continuity. The life cycle stage termed "old age or senior citizenship" is in reality composed of several levels varying with an individual's needs, both on a physical as well as social basis. Delivery programs for seniors should recognize the variety of needs and levels of senior care.

Demographically, the number of seniors is on a sharp incline both in Alberta as a whole and the NADC area. Between 1976 and 1981 the increase in the Alberta's 65+ age cohort was 16% and estimates call for a doubling by the year 2001. Although the northern areas have traditionally been viewed as young population areas, recent 1981 Census materials indicate areas with 20-30% of their populations in the 65+ cohort. The smaller urban centres are experiencing the pressures of seniors moving in from rural areas.

The number of beds per 1000 is less in the North (41/1000) when compared to the provincial average of 44/1000.

In light of the foregoing research and documentation, the Council submits the following conclusions:

1. The 'continuity' and 'activity' theory of aging should be the fundamental philosophy behind most government/community senior programs. A proper understanding of a healthy aging process would influence future development of programs be they of a recreational nature, social service-orientated, or institutional.
2. Albertans over the age of 65 are increasing faster as a group when compared to other age groups. The same applies to the over 55 age cohort. These trends hold true for northern Alberta as well. Government policy makers must seriously consider this phenomena if adequate extended care and community support services are to be in place in the years ahead.
3. The number of nursing home beds per senior citizen population has been on the decrease as the number of seniors increases. The northern ratio is behind the provincial average.
4. Planning for service deliveries to seniors must also take into consideration the present population breakdown in each community. A spatial cohort analysis will provide key information regarding the size of the 55+ group presently living in a number of northern areas. The NADC forecasts that the present ratio of beds for the senior citizen population will likely worsen in the years ahead, thus creating an even greater north-south imbalance. This could be partially prevented if future aging trends were considered on a community or sub-regional basis.
5. The NADC commends government for initiating the Nursing Home Review Panel. As a Council, they support all of the recommendations. However, the following recommendations of the panel are considered a priority:

1. System Review
4. Rehabilitation
5. Privacy
6. Physician Services
9. Palliative Care
10. Food
11. Recreations
15. Registered Nursing Assistants
19. Location of Facilities
22. Nursing Home Acts and Regulations
23. Inspections and Enforcement
25. Coordinated System of Care
26. Multi-Disciplinary Assessment Team
27. Coordinator(s) of Continuing Care Services
35. Sponsorship and Advocacy
36. Family and Community Support Programs
38. Physical Planning
39. Eligibility for Coordinated Home Care

6. The Council has no comments or suggestions regarding the quality of care in public/private/voluntary nursing homes. However, the Council feels that if proper guidelines and objectives are established in each facility and if adequate follow-up monitoring procedures are practiced, high standards of care are indeed possible.

Old age need not be a period of withdrawal and alienation, but rather a period of creativity with the freedom to complete life's goals -- a golden era. Our future senior populations, simply based on numbers, will be a dominant group and no longer a silent minority. It is a responsibility of the NADC to see that the needs of northern seniors are on equal par with the remainder of the seniors in the province and that they have adequate programs to meet their needs.

APPENDICES

APPENDIX A

HISTORY OF BRIEFS REGARDING SENIOR CITIZENS CARE

- # 38 June, 1974, N. Hall, Slave Lake Chamber of Commerce.
Northern Services - has the government any means of providing nursing homes to northern regions?
- Yes, there are 6 located in northern Alberta now. Procedure to follow is to have an assessment of need done by local board and submit a recommendation to Commission who begins a detailed analysis of the requirement.
- # 77 January, 1975, Administrator, Lac La Biche Hospital.
Requesting that strong consideration be given to providing nursing home and auxiliary bed facilities.
- Will be meeting with Hospitals Commission to determine if renovation or replacement of facility is required.
- # 85(b) January, 1975, P.G. Brolly, Manning Municipal Hospital, Box 250, Manning, TOH 2M0
Requesting N.A.D.C. persuade Alberta Hospitals Commission to place upgrading of Manning Hospital high on its list of priorities, especially extended care facilities for the elderly.
- Proposal was discussed in detail and given approval in principle at that time. Decision to increase beds was deferred pending assessment of the impacts of home care and provision of self contained units.
- #126 May, 1975, Eunice M. Comchi, Athabasca Chapter A.A.R.N.
Re: A lack of auxiliary hospital beds (extended care) (patients are often shuffled between the nursing home and active treatment hospital) for the Athabasca community.
- Local Board decided to wait a few years for a health care centre instead of accepting a renovation program.

- #193 March, 1976, Mike Steinhauer, Saddle Lake Band, Saddle Lake, Alta.
Requesting construction of a 10 unit senior citizen home in SLIR125.
- Provided with information on various federal and provincial programs for seniors housing.
- #257 March, 1977, Arta Juneau, Hythe and District Pioneer Home, Box 388, Hythe, Alta.
Stressing need for nursing home beds in the area.
- Planning Committee of Alberta Hospital Services Commission is reviewing the issue, expect a proposal will be made and recommendation for a priority.
- #294 June, 1977, Chipewyan Lake Community Association.
(10-2) Requesting assistance for (5 couples) senior citizens, 4 of whom are helpless, sick, old and nobody to care for them. (Need home care).
- PSS in Slave Lake will contact and some aid may be possible through their programs.
- #338 February, 1978, Albert Cooper, Grimshaw Chamber of Commerce, General Delivery, Grimshaw.
- 1(b) Seeking a type of program for retiring senior citizens which would allow them minor medical attention and facilities in their homes when their needs do not facilitate hospitalization.
- Alberta Social Services & Community Health has recently announced a new Home Care planning project. Exercises are underway in Health Units to prepare proposals for funding.
- #391 September, 1978, The Northwestern Health & Social Services Board/ High Level-Fort Vermilion General and Auxiliary Hospital and Nursing Home District #102 Board.
Requesting a new hospital, especially the addition of a 10-bed unit for extended care services for the chronically ill.
- New Hospital being constructed.

#408 September, 1978, Patricial Carrell, OORP, Beaverlodge, Box 456, Beaverlodge. TOH OCO

Request for extended care beds in the Beaverlodge-Hythe General Hospital District #32. (Local agreement was for a senior lodge in Hythe and a nursing home in Beaverlodge).

- Not much can be done to promote development of these facilities, except through local level activities.

#509 September, 1980, Marjorie Sawatzky, Grand Centre Senior Citizens. Seeking funding for drop-in centres.

- Social Services & Community Health funded \$100,000 to each community (Grand Centre and Cold Lake) to develop drop-in centres.

#597(b) June, 1981, Marie Nicholls, Project Involvement Committee, Grand Centre. Requesting a nursing home in the area (i.e. renovate old hospital).

- Long term use of old hospital not determined, but will not be used as a nursing home. New Hospital will be able to accommodate 30 nursing home beds.

#656 July, 1981, E. Hall, President, Senior Citizens Drop-In Centre, Peace River.

Requesting financial assistance to have air conditioning installed in Greene Valley apartments.

- Unable to fund, suggest trying a local service club.

#705 December, 1981, Betty Tattrie, Brownvale.

Requesting that Berwyn Hospital be kept open and run as a convalescent and emergency hospital, especially for the elderly.

- Urged to obtain support for additional extended care beds through local hospital district.

#719 December, 1981, Mike Reynolds, Berwyn.

Requesting postponement of Berwyn Hospital to allow for additional community input.

- Advised plans too far ahead to reconsider now.

#737 February, 1982, Marion Tredger, Chamber of Commerce, Elk Point.

Requesting a 45-bed nursing home for Elk Point.

- Capital projects on hold and will remain so, NADC unable to influence.

#740 February, 1982, Ray Bouchard, Lac La Biche.

Requesting a nursing home be constructed for Lac La Biche.

- Capital projects on hold, and will remain so, NADC unable to influence.

#742 February, 1982, Roland Rocque, St. Paul.

Requesting government acquire all assets of nursing homes in the province and continue operations through provincial and/or municipal board of directors.

- No response yet, awaiting Nursing Home Review Panel Report.

#747 February, 1982, M. Depledge, St. Paul.

Requesting a review of funding mechanisms to homes for the aged in St. Paul and other areas of Alberta.

- Northern Development Branch currently doing a review.

APPENDIX B

PROGRAMS

The following summarizes the provision and use of those preventive programs used by older persons for Alberta in general. (Note: the material is taken directly from Older Persons in Alberta, Senior Citizens Bureau, Alberta Social Services & Community Health, May 1982.) The material covers Alberta in total and does not disaggregate for northern Alberta.

Income Security Programs

In 1979-80, the federal government provided to Alberta pensioners:

- 317 million dollars in Old Age Security payments;
- 101 million dollars in Guaranteed Income Supplement payments; and
- 10 million dollars in Spouse's Allowance payments.

The Alberta government provided:

- 32 million dollars, in Alberta Assured Income Plan payments.

As of December 1980, 53.2 percent of pensioners in Alberta (82,980 persons) were eligible for the supplements and 14.8 percent (23,028 persons) had no outside income and received the full supplements.

The percentage of Alberta pensioners eligible for the supplements has dropped steadily; 1975, 57.2 percent; 1977, 56.4 percent; 1978, 54.6 percent. The percentage eligible for the full supplement has dropped even more dramatically: 1975, 22.8 percent; 1977, 19.5 percent; 1978, 17.9 percent; 1980, 14.8 percent.

Medical Services

In 1979/80, persons 65 and over used 14.2 percent of all medical services (physician services) provided, amounting to 13.5 percent of the total dollars paid.

Persons 65 and over used more medical services per person on the average than younger age groups, and persons 75 and over used on the average the greatest number of services per person.

Older persons used considerably more hospital visits per thousand than the population as a whole.

General Hospitals

In 1978, persons 65 and over constituted 17.5 percent of all admissions and separations in general hospitals. Their average length of stay was longer than that of younger age groups (16.5 days compared to 9.9 days for those age 45-64;) for persons 75 and over, 18.9 days; for those 85 and over, 21.4 days.

Persons 65 and over used 34.5 percent of all patient-days.

It was however not so much a matter of a large number of elderly individuals using the general hospitals, but rather that, once in hospitals, they stayed on the average much longer than younger persons, thereby using a higher proportion of the patient-days.

Diseases of the circulatory system led in the reason for the use of patient days by older persons.

In 1978/79, the total operating expense per patient-day in general hospitals was \$169.30.

Extended Health Benefits Program

Alberta Social Services and Community Health provided 4.5 million dollars for hearing aids, surgical supplies, and medical equipment for seniors in 1979/80 (the Extended Health Benefits Program).

Alberta Hospitals and Medical Care provided 11.8 million dollars for eyeglasses, dental care, and dentures for seniors in 1979/80 (Extended Health Benefits Program).

Blue Cross Benefits

Alberta Blue Cross Plan benefits (80 percent coverage for prescription drugs, coverage for ambulance costs, etc.) totalled 31.4 million dollars for persons 65 and over in 1979/80.

Pioneers' Repair Program

From July 1, 1979 to March 31, 1981, the Alberta Pioneers Repair Program (Housing and Public Works) provided 35,458 grants for home improvements, amounting to 69 million dollars.

Since 1976, 105 million dollars have been provided to senior citizen homeowners in home improvement grants.

Renters' Grants

Grants (33,409), amounting to 26 million dollars, were made to senior citizen renters by the Department of Municipal Affairs. Another 12 million dollars in property tax rebates went to 64,550 senior citizen homeowners making application to the Department in 1979/80.

Apartments

Alberta had, as of March 1980, 6,553 senior citizen apartments (subsidized units), 3,426 units under construction or in planning stages and a capital budget of 62.9 million dollars (Alberta Housing and Public Works).

New Horizons

The federal New Horizons program provided 143 grants for a total of \$876,237 in 1980/81.

Alberta Agriculture

There are no specific programs for seniors in Alberta Agriculture or Alberta Consumer and Corporate Affairs, although the latter funded a survey of seniors' consumer concerns in 1978/79.

Alberta Advanced Education and Manpower

Alberta Advanced Education and Manpower provides grants for some non-credit courses for seniors, and spring sessions for seniors at the two major universities.

Alberta Culture

Alberta Culture provided 396 grants totalling \$737,000 for facilities used by seniors in 1980/81 (maximum grant size, \$3,500); a grant was also given to Alberta Council on Aging for study of the performing arts.

Alberta Recreation and Parks

Alberta Recreation and Parks provides consulting services and resource information, an operating grant to the Alberta Senior Citizens Sport and Recreation Association and sponsors summer games for seniors every second year. Some funding was provided for capital costs specifically for seniors' recreation facilities in 1980/81 and some special project funding was provided to support innovative programming.

Alberta Council on Aging

The Alberta Council on Aging, a voluntary organization, has an operating grant provided by Alberta Social Services and Community Health. The Council represents the concerns of older people, publishes reports and a newspaper, and conducts studies. It has about 3,000 members.

Senior Citizens Centres

There are 211 senior citizens centres in Alberta open at least one day a week; another 180 are open two or more days. Most are operated by voluntary boards of seniors who raise the needed funding; the larger centres have staff and provide services in addition to recreation and social activities.

The Family and Community Support Services program of grants to municipalities, from Alberta Social Services and Community Health, provided 33 operating grants totalling \$708,942 and \$204,247 in capital grants, during 1980/81 for senior centres.

Community Health Nursing Services

Health visiting and counselling (health surveillance) is provided by community health nurses attached to local health authorities funded by Alberta Social Services and Community Health.

In 1980, 7.4 percent of nursing time was spent in direct service to persons 65 and over.

Senior Citizens Bureau

The Senior Citizens Bureau is part of the Planning Secretariat of the Department of Social Services and Community Health and provides information and encourages co-ordination among government agencies.

Information requests averaged 350-400 a month in 1980/81; \$262,943 were provided in education and special project grants.

Provincial Senior Citizens Advisory Council

The Provincial Senior Citizens Advisory Council is a government appointed Council which advises on matters relating to seniors. The Advisory Council includes senior civil servants and members of the public. It submits annual reports with recommendations to government.

SPECIAL SERVICES

The following summarizes those special services used by a small percentage of older persons, an estimated 15 to 20 percent, who may need help on an intermittent or on a continuing basis.

Mental Health

Regional Mental Health clinics of Alberta Social Services and Community Health provide out-patient counselling and home visiting. In 1980/81, they served 619 persons 65 and over, with 4,831 caseload contacts, or 3.9 percent of the total caseload contacts.

Co-ordinated Home Care

The Co-ordinated Home Care Program, funded by Alberta Social Services and Community Health, and administered by local health authorities, provides home delivered nursing and rehabilitation services and support services. In 1979/80, 7,063 seniors were 80 and over, and 21 percent 85 and over. Two-thirds of patients were located in their own homes at time of referral.

The average cost of care for all patients discharged from home care (not just those 65 and over) was \$370.42 a month in 1979/80. The majority of patients were discharged to "no care" (29 percent), to a general hospital (18 percent) or to family care (12.9 percent). The 1980/81 allocation for home care was 10.5 million dollars (1979/80, 3.5 million dollars).

Support Services

Social services, including both personal care (help with dressing and bathing) and support services (homemaker, home help) for persons not needing a health service, and therefore not eligible for home care, are funded through the Family and Community Support Services Program, a joint program of Alberta Social Services and Community Health and the municipalities. Municipalities determine what services to offer, and what percent of the funding (grant) is to be raised locally.

In 1980/81 an estimated 1.5 million dollars of the total 2.4 million provincial dollars for support services in the above program was used for services to seniors.

Note: There are gaps in general delivery in northern Alberta since not all municipalities deliver the program.

Transportation

Unconditional grants are provided to local authorities to be used in establishing special transportation services for the elderly and handicapped. In 1980/81, rural areas received 1.52 million dollars (1981/82, 1.47 million) and urban areas 2.68 million (1981/82, 2.81 million). Specific use of these unconditional grants is not known.

Adult Day Care

One formal adult day program in Edmonton operates 4 days a week and serves disabled individuals, the majority over 65. The program received a grant of \$43,000 for its operating deficit in 1981/82 (half from the Senior Citizens Bureau and half from Edmonton Family and Community Support Services). This is not available in northern Alberta.

Day Hospitals

Three day hospitals are funded by Alberta Hospitals and Medical Care and connected with auxiliary hospitals in Edmonton (1) and Calgary (2). In 1979/80, they served a total of about 50 persons daily; operating budgets, for salary and wages mainly, totalled \$478,486.

A day hospital is part of the program at the Youville Memorial Hospital at Edmonton General Hospital, and a psychogeriatric day

hospital is starting in 1982 at the Dr. Vernon Fanning Extended Care Centre in Calgary. This program is not available in northern Alberta.

Geriatric Assessment and Rehabilitation Hospital

The Geriatric Assessment and Rehabilitation Hospital (Youville Memorial Hospital) attached to Edmonton General Hospital opened officially on April 2, 1982; it will provide comprehensive medical and psychiatric services for the elderly.

Lodges

As of March 1980, 120 lodges with 6,632 beds (1981, 121 lodges with 6,842 beds) provided board and room to senior citizens; there were also 484 cottage units (1981, 514 units).

The average age of residents in 1978 was 80.6 years.

Residents pay (as of May, 1982) \$321 monthly for a large single room; \$278 per single room; or \$247 each for a double room.

The median annual (1979) deficit per bed of \$793 is covered by municipalities who operate the lodges.

The estimated annual total operating deficit was 5.3 million dollars, and the capital budget in 1979/80 was 7.2 million dollars (Alberta Housing and Public Works).

In 1978, the vacancy rate was 12 percent.

Other Residential Homes

Twelve residential homes operated by voluntary associations housed 850 elderly persons; the Unique Homes Assistance program (Alberta Housing and Public Works) provided \$240,801 in 1979/80 and \$391,000 in 1980/81 to nine of these homes.

Residents (patients) in the following centres pay \$8.00 a day for care regardless of their income or assets, provided they have a medical assessment of need for such care.

Nursing Homes

In 1978/79, there were 77 contract nursing homes (44 private enterprise, 32 district, and 1 federal) and in 1981, 81 homes. The homes provide board and room and personal care with nursing supervision.

In 1978/79, 6,969 nursing home patients, or 91 percent, were 65 and over, with 43 percent being 85 and over.

About one-half the patients were considered to be functionally disabled persons in need of 24-hour supervision, and 31 percent were independently mobile persons with decreased physical and mental faculties requiring some assistance with daily living.

In 1978/79, the total operating expense per patient day was \$22.78 or about \$683 a month. For all persons 65 and over in care in 1978/79, it is estimated about 52.1 million dollars was expended (some of which was recovered from patients who at that time paid at least \$5.50 a day). The provincial subsidy for each nursing home patient is now between \$29.90 and \$31.55 a day (this is in addition to the \$8.00 paid by the patient).

Auxiliary Hospitals

In 1978/79, 31 auxiliary hospitals provided skilled professional nursing and medical care with 3,085 beds (as of March 31, 1981 there were a total of 3,903 auxiliary hospital beds).

Of the total patient days, 80.6 percent were used by persons 65 and over; persons 85 and over used one-third of all days (1978/79).

In 1977, "diseases of the circulatory system", followed by "diseases of the nervous system" and then "mental disorders" accounted for the greatest use of patient-days by persons 65 and over.

Close to one-half the auxiliary hospital patients were considered to be chronically ill persons with limited potential for rehabilitation; 39 percent were functionally disabled persons requiring 24-hour supervision.

In 1978, the total operating expense per patient-day was \$55.57 or about \$1,667 a month. The estimated annual operating expenditure for persons 65 and over was 47 million dollars (less that recovered from patients, who at that time paid at least \$5.50 per day).

Other Government Institutions

Three extended care centres operated by Alberta Social Services and Community Health (Rosehaven, Claresholm, and Raymond) for persons with varying degrees of mental dysfunctioning had a total 403 persons 65 and over in August, 1981; this amounted to 76 percent of the total patients.

Per diem, operating costs per patient-day ranged from \$39 - \$47 in 1978/79; and in 1980/81 from \$53 to \$69.

In 1979, about 49 percent of the patients were considered to be functionally disabled persons requiring 24-hour care.

The Alberta Hospitals (psychiatric treatment centres) at Edmonton and Ponoka served 539 persons 65 and over in 1980/81 with per diem costs of \$86 and \$100.

In 1980/81, Michener Centre, an institution for the mentally handicapped, had 147 persons 65 and over; the per diem cost per patient was \$53.00.

The Public Guardian

About 60 percent of the 1,500 dependent adults for whom guardians have been appointed are 65 and over; about two-thirds of the 1,500 have private guardians; for the remainder the Public Guardian is their guardian (September, 1981).

Conclusions

Thus in Alberta, as a whole, a wide range of services are available but when viewing the distribution of these services one must recognize that many are Edmonton-Calgary centered and difficult to access for northern residents.

APPENDIX C

POPULATION FIGURES BY CENSUS TRACT

Census Area	Total Population	Total Population	
		55-64	65+
<u>Division 12</u>			
Beaver Lake 131	215	15	5
Bonnyville	5,566	260	500
Bonnyville Beach	50	0	5
Bonnyville County No. 87	9,400	390	230
Cold Lake	2,110	105	135
Cold Lake 149	450	25	40
Cold Lake 149A	30	0	0
Cold Lake 149B	80	10	15
Elk Point	1,025	115	235
Fort McMurray	30,995	640	195
Glendon	435	50	100
Grand Centre	3,145	125	115
Gregoire Lake 176	55	0	0
Heart Lake 167	80	5	0
I.D. 18	9,605	575	575
I.D. 24	185	10	0
Janvier 194	160	0	10
Kehewin 123	585	15	15
Lac La Biche	2,005	130	175
Pelican Narrows	25	0	0
Plamondon	260	40	40
Puskiakiwenin	195	10	0
Saddle Lake 125	1,810	70	75
St. Paul	4,885	455	685
St. Paul County 19	6,075	490	360
Unipouheos 121	460	20	20
Whitefish Lake 128	735	25	20

Census Area	Total Population	Total Population	
		55-64	65+
<u>Division 13</u>			
Athabasca	1,735	200	335
Athabasca County 12	5,970	565	520
Boyle	640	85	175
Fort Assiniboine	210	25	30
I.D. 15	2,670	190	140
Island Lake	45	10	10
Whitecourt	5,585	165	105
<u>Division 15</u>			
Beaverlodge	1,935	145	185
Berwyn	560	40	75
Boyer 164	95	0	5
Bushe River	60	0	5
Child Lake 164A	1050	0	0
Donnelly	335	25	40
Drift Pile River 150	425	15	15
Duncan's 151A	45	0	15
Eaglesham	205	20	20
Fairview	2,875	225	320
Fairview No. 136	1,890	155	140
Falher	1,100	100	155
Fox Creek	1,980	50	0
Fox Lake 162	630	15	15
Freeman 150B	30	0	0
Girouxville	325	30	40
Grande Prairie	24,265	1,070	1,215
Grande Prairie County No.1	12,075	1,015	1,550

Census Area	Total Population	Total Population	
		55-64	65+
<u>Division 15 (cont'd)</u>			
Grande Cache	4,525	120	30
Grimshaw	2,315	130	165
Hay Lake 209	815	30	45
High Level	2,190	50	30
High Prairie	2,505	165	255
Hines Creek	575	35	50
Horse Lakes 152B	115	5	5
Hythe	640	50	145
I.D. 16	5,350	345	245
I.D. 17	11,700	760	705
I.D. 19	1,755	170	225
I.D. 20	3,005	250	150
I.D. 21	2,940	195	130
I.D. 22	4,250	195	240
I.D. 23	5,840	245	235
Jean Baptiste Gambler	65	0	0
Jean D'Or Prairie	435	10	15
Kinuso	285	10	25
Manning	1,170	75	180
McLennan	1,125	110	170
Nampa	335	30	40
M.D. Peace No. 135	1,520	140	120
Peace River	5,915	285	320
Rainbow Lake	500	10	0
Rycroft	650	50	80
Sexsmith	1,180	60	65
Slave Lake	4,505	105	85

Census Area	Total Population	Total Population	
		55-64	65+
<u>Division 15 (cont'd)</u>			
Smoky River No. 130	2,855	170	130
Spirit River	1,100	90	205
Spirit River No. 133	895	85	60
Sturgeon Lake 154	565	25	30
Sucker Creek 150A	275	10	10
Swan Hills	2,500	50	15
Swan River 150E	150	0	15
Tall Cree 173	90	5	0
Tall Cree 173A	140	0	0
Upper Hay River 212	285	20	35
Utikoomak Lake 155	375	5	15
Valleyview	2,060	100	125
Wabasca 166A	290	15	20
Wabasca 166B	50	10	5
Wabasca 166C	165	5	0
Wabasca 166D	210	5	5
Wanham	265	25	35
Wembley	1,170	30	25